

NEOCARDIA TIMES

WHO IS PROF. EFFAT?

Medic, mentor, mother. An exclusive interview with our finest.

COVID-19 VACCINE

Returning our livelihoods.

WHAT'S LIFE AS A HO

See what these alumni have to say!

WOMEN'S SAFETY

Safety: A choice, not a chance.

CERVICAL CANCER

Women's silent killer.

LET'S TALK; SEXUAL HARASSMENT BILL?

Just may be the push we need.

A LOOK INTO OUR GIRL BOSSES, TALENTS IN VARIETY

Alyssa and Nadhirah. Making headlines with their talents and personalities.

Credits

**The people who made
the magic happened.**

Advisor:

Assoc. Prof. Dr. Anis Siham binti Zainal Abidin

Chief Editor:

Nur Fairuz Binti Shahrul Izam

Vice-chief Editor:

Firdaus binti Anas

Secretary:

Wan Nur Amirah Binti Ahmad Shah Zunaidi

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Nur Dayana Batrisyia binti Azril Sham

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- Dr. Norizal Mohd Noor (Female HO Interview)
- Assoc. Prof. Dr. Rosfaiizah Siran (Talents: Nur Alyssa and Nor Nadhirah)

Writers:

- Wan Nur Alifah Ilyana binti Wan Abdul Rahim
- Hanis Athirah binti Fathi
- Raudatul Syafiqah binti Kamarul Rashdan
- Siti Az Zahra Binti Muhamad Azlan

Journalists:

- Marsya binti Mohamed Affendy
- Asyahirah Ariffin
- Michell Karishma Juelan
- Ayu Sufia Binti Muhammed Sarbree

Graphic Designers:

- Farah Syahfinaz binti Mohamed Shah
- Nur Nasirah binti Mohd Ramli
- Hafee Muhaimin bin Yaniaizit

Photographers:

- Farah Najihah binti Afandi
- Puteri Nur Syahirah Binti Jamil
- Nur Anis Fitrah binti Ahmad Rashidi

Diplomatics:

- Nurmasiyah Nabihah Binti Yackob
- Nurul Hazirah Binti Mohd Zulkifli
- Nurul Husna Binti Nurulhasnan
- Muhammad Amir Fakhruddin Bin Abd Majid

Special Contributors:

‘Women in Power’ Interviewees:

- Prof. Effat Binti Omar

‘A Whole New World as a Female HO’ Interviewees:

- Dr. Sarah binti Muhammad Salim
- Dr. Syahirah Farhanah Binti Mohd. Alias

‘Rising Talent’ Interviewees:

- Alyssa Nadia Binti Imran
- Nor Nadhirah binti Migit Hermanjodanto

*Thank you for your support and
contribution.*

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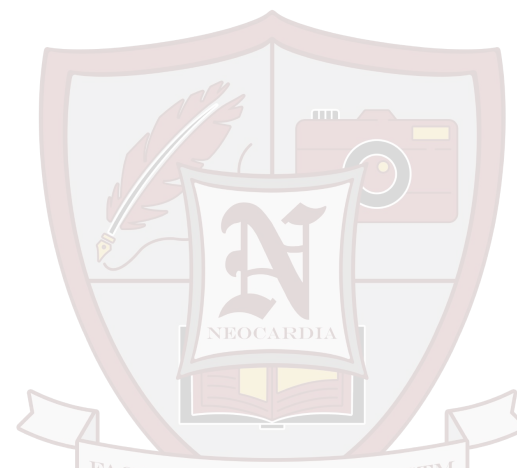


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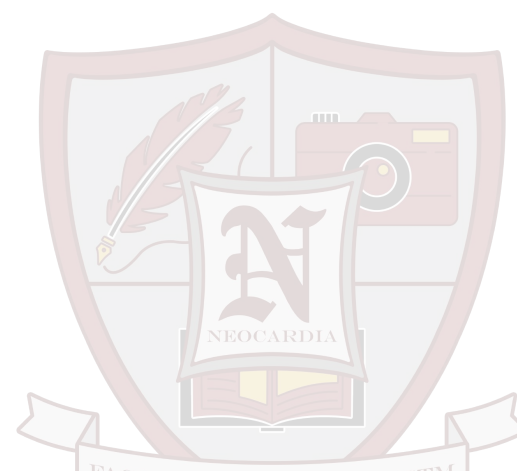
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FROM THE DESK OF THE CHIEF EDITOR



Nur Fainiz



Wan Nur Amirah



Wan Nur Alifah Ilyana



Marsya



Hanis Athirah



Farah Syahfina

Welcome back to another issue of Neocardia Times!

It has been a year since the last issue was published. Hence, we could not have been more excited to celebrate another year.

As the club was still amidst establishing the foundations, we have taken our time learning from our past mistakes to improve our upcoming issues.

Henceforth, I sincerely apologise for the delay in publishing this issue. Here in Neocardia, we only want to publish what is best and accurate, with the finest of quality. Therefore, it was my responsibility that this issue was not rushed until everyone was satisfied with the quality.

In this issue, we will be focusing on this topic: **Women's Empowerment**. It's no secret to see ladies have taken up the majority of this faculty, from student bodies, lecturers, and even the members of this club!

But what about women that we are so insistent on addressing? *Maybe it is because - despite us being the majority, there are just some things we rarely talk about.* So let's look at what this issue has in store, and maybe we could learn a thing or two.

With the successful publishing of this issue, the founding members of Neocardia Editorial Club 2020/2021 will officially resign. I'm happy to pass on the torch to my successor, **Firdaus binti Anas**, knowing she is more than capable of taking on the mantle and continuing to deliver top-quality e-magazines with her team for the student body.

I'd like to say many thanks to the founding members, for willing to work side by side with me in achieving my dreams. To the new members and friends we made along the journey, may all of you continue to pursue your passionate dreams in full force.

Thank you Neocardia, for all the lessons and memories.



SEX HARASS THRIVES AS WE ALL

By Wan Nur A

Despite being illegal, costly, and
harassment is pervasive and
- Joni Hirsch (W

*To our fellow peers,
In regard to the topic, we would like to share that a dear lecturer has once warned us.
Even though our job was noble, we are sometimes the receiving end of sexual harassment.
Fondling, unnecessary touches and inappropriate communication.
These are all not uncommon in the hospital wards as well.
And it is not directed to only one gender.*

Government Hospital, Klang Valley, Kuala Lumpur, 2018

A head of department of orthopaedics faced allegations of sexual assault by female house-officers. The first known report against him was filed **October, 2017**; however, there were no actions taken against him.

In July 2018, the press got hold of the information and did inquiries to other known victims, releasing news of the predator in the guise of a physician. There were approximately 30 testimonies against him. All with similar experiences with the doctor. Reports include sexual assault in the form of non-consensual physical contact - inappropriate touches in the wards, molesting breasts, forceful kissing, as well as clothes removal. These officers were threatened with failure of their posting if they were to go against his wishes, and most of them complied with fear of losing their jobs and dreams.

November 2018, the head of department was terminated from his position and the hospital. However, there were no confirmation whether he received any other punishments for his actions.

QUAL SMENT S LONG AS LOW IT

Alifah Ilyana

and an affront to dignity, sexual
and challenging to eliminate”
(World of Labour)

The Sexual Harassment Bill was supposed to be tabled by last November 2020.

However, it was pushed to be debated by this year (2021) instead.

Currently, the parliament is suspended to reduce 'politicking' actions that were derailing the efforts in containing the COVID-19 pandemic in Malaysia. It is presumed that this bill would be presented to the parliament after the suspension ended.

With that, this bill could only be tabled either by this year or the upcoming year.

This bill is a huge and needed step in curbing the ever prevalent issues of sexual harassment. It is generally common knowledge - that sexual harassment is happening everywhere. It is why this Bill is crucial for the victims and the potential victims of sexual harassment.

It happens on the streets.

It happens at school.

It could happen in your own home.

And it could even happen in the most public of events - our ever anticipated sporting events.

So this Bill is not only due (*it is late by 64 years*, exactly from the date of our Independence Day), but it is also very much required *immediately*.

Food Industry, United States, 2018

The highest statistics in sexual harassment are found in one of the most low-paying segments of the working world - Food services (Restaurants). **About 90% of female workers and 70% of male workers have complained of sexual harassment.**

The harassment comes from different groups of people that range from their managers, their co-workers, and most heartbreakingly - the customers, which is more disturbing as the saying, 'the customers are always right' comes to mind. These workers could hardly lodge their complaints when the manager decided to ignore them to preserve a line of customers.

(Harvard Business Review)

Sports Field, Bukit Jalil, Malaysia, 2015

Bukit Jalil is a popular area due to it being a centre for sports events, sports officials, athletes, teachers, coaches, and students. A study was run in **2015** to explore the incidences of sexual harassment in the sports community of Malaysia. **Unsurprisingly, there were complaints of sexual harassment, and reports of having seen sexual harassment occur**, which were all **underreported**. Most of those involved are either the coach, the athlete, or the sports officer, *in different dynamics* (athlete to athlete, officer to the athlete, athlete to officer, et cetera).

Most of the victims are female members of the community with the perpetrator harassing them in different methods such as - **unnecessarily touching** them, **inappropriate communication**, as well as **leakage of their nudity**.

In a community that prioritized health conditions, sportsmanship, and the importance of a high spirit - this is a distressing matter as the victims often feel like **discontinuing their sports dream** to preserve their mental health. In some tragic cases, the athletes would **end their life in distress**.

In a community that prioritized health conditions, sportsmanship, and the importance of a high spirit - this is a distressing matter as the victims often feel like discontinuing their sports dream to preserve their mental health. In some tragic cases, the athletes would end their life in distress.

(National Sports Institute of Malaysia)

Indianapolis, 2016 - 2019

Larry Nasar is a physician for USA Gymnastics (USAG). He has sexually abused approximately **more than 265 of his female gymnasts** under the pretense of 'medical treatment' for an estimated period of **14 years**.

He was sentenced to **60 years imprisonment** and is currently incarcerated at United States Penitentiary Coleman II, Federal Bureau of Prisons, on the counts of **criminal sexual conduct**, receiving and in **possession of child pornography**, and **tampering with evidence**.

However, **he was not the first predator that was present in the USAG**.

In the past, there were several other predators such as **Robert Dean Head** (Kentucky Coach), who **raped a 12-year-old, Don Peters** (National Coach) with **accusations of sexual abuse by two gymnasts**, and *there were more cases of molestation, sexual misconduct, and so on.*

It was also dug up that **USAG has been ignoring complaints about their coaches** due to it not being directly from the victim or the victim's parents. There were also cases where these **allegations were not even reported to the police.**

(The Indianapolis Star)

Mitsubishi Motors Manufacturing. 1998

This was one of the five cases which brought changes to the scene for sexual harassment allegations. The company was sued tremendously for letting their female workers work in a hostile environment of **routine non-consensual fondling, verbal abuse**, being the **subject of obscene jokes, behavior, and graffiti**.

There was also an incident of an air gun being fired in-between the victim's legs.

The company had to **pay \$34 million to their female workers** and a few more million in individual suits. The company had been receiving complaints since **1990** and **now has a zero-tolerance policy**.

(LegalZoom)

Tailhook Convention, 1991

The **armed forces** faced a sexual allegation that occurred in a convention. The perpetrators were **drunk navy and marine officers** who assaulted a **female navy officer**. She was one assault victim among 80 to 90 other female victims in this case. There was a male officer (the victim's aide) who witnessed and affirmed her statement.

However, **he disregarded it as a drunken norm**.

The organization did not care to investigate her allegations. Instead, **she received retaliation for being a 'whistleblower'**.

However, she managed to get compensation for the lack of hotel security. It was a hefty compensation of **\$1.7 million + \$5 million from the hotel**.

This allegation **brought forward many other victims of sexual harassment that has been occurring since 1973**.

(Legal Zoom)

Part 1: Introduction to the Bill

What is the Sexual Harassment Bill?

Before we get into our main content, what is a 'Bill'?

"A bill is a proposal for a new law, or a proposal to change an existing law that is presented for debate before Parliament." -
UK Parliament.

Once a bill is passed it will become an Act, which is the written law passed by the parliament. However, the law can only be enforced when the details have been sorted out, usually in the form of regulation.

In Malaysia, the sexual harassment issue is only directly addressed in the **Employment Act 1955 [Act 265]**. Therefore, it only encompasses issues if sexual harassment in a workplace setting.

In this act, *the employer must* handle the report, **but that is as far as it goes.**

Other than the **Employment Act 1955**, there is also a mere guideline to handle these reports in a workplace (**Code of Practice on The Prevention and Eradication of Sexual Harassment in the Workplace**).

This guideline has no law enforcement - it can be voluntarily taken up by employers. **It is not compulsory to act by it.**

However, this does not mean to say that there are no laws to handle this offense.

There is, but it is widely spread out under different sections of different acts in our Laws.

There are 13 altogether, and they only cover the physical aspects of Sexual Harassment, specifically under the terms of Abuse, Assault, etc.

So what does the Bill propose?

According to WAO, it has an objective **to extend the definition** (specifically, the location where it could happen) **of sexual harassment** to include private spaces, and public spaces, alike.

It might seem small or negligible to you now, but definitions carry weight in Law and make it more extensive (which is a priority).

Therefore, it is crucial.

As we demonstrated earlier (with our newspaper clippings!) - **sexual harassment happens everywhere and with anyone (in the past, present, and future).**

Your gender won't protect you.

Currently, the Sexual Harassment Bill content is not accessible - but the extension of the definition for sexual harassment is more than enough for us to support this bill!

**REFER TO
THE NEXT PAGE
FOR THE LISTS OF
RELEVANT ACTS!**

Penal Code, Section 354	Assault or use of criminal force to a person with intent to outrage modesty	Maximum 10 years imprisonment, or with fine and/or whipping
Penal Code, Section 375A	Husband causing hurt in order to have sexual intercourse	Maximum 5 years imprisonment
Penal Code, Section 376B	Punishment for Incest	10 - 30 years imprisonment and whipping
Penal Code, Section 377C	Committing carnal intercourse against the order of nature without consent, etc.	5 - 20 years imprisonment and whipping
Penal Code, Section 377CA	Sexual Connection by Object	5 - 30 years imprisonment and whipping
Penal Code, Section 377D	Outrages on Decency	Maximum 2 years imprisonment
Penal Code, Section 377E	Inciting a child to an act of gross indecency	3 - 15 years imprisonment and whipping
Child Act, Section 31	Sexually abusing a child or causing or permitting the child to be abused	Maximum 20 years imprisonment or maximum RM 50,000 fine, or both
Sexual Offences Against Children Act, Section 11	Sexually Communicating with a Child	Maximum 3 years imprisonment
Sexual Offences against Children Act, Section 13	Meeting following child grooming	Maximum 10 years imprisonment and whipping
Sexual Offences Against Children Act, Section 14	Physical Sexual Assault on a Child	Maximum 20 years imprisonment and whipping
Sexual Offences Against Children Act, Section 15	Non-physical sexual assault on a child	Maximum 10 years imprisonment or maximum RM 20,000 fine or both
Sexual Offences Against Children Act, Section 15	Non-physical sexual assault on a child	Maximum 10 years imprisonment or maximum RM 20,000 fine, or both.

(Women's Aid Organization)

Other Acts

Penal Code [Act 257], Section 509 - Word or gesture intended to insult the modesty of a person

Punishment: Imprisonment for a term which may extend to 5 years, or with a fine, or both.

Employment Act 1955 [Act 265], Section 81 - 82 - Complaint, Sexual Harassment, and Procedure.

Therefore, at present - Malaysia has no law directly addressing sexual harassment outside of the workplace.

This is why the bill has been proposed and drafted, and this was in the making for two whole decades - an effortful movement by AWAM and other NGOs to create a more non-hostile work and public environment for **people** alike (female **and** male).

After all, **this is not just a problem for women**, it is also a problem for men - despite being a smaller percentile of cases - they still very much happen!

Part 2: Sexual Harassment, the what, why, where and how.

Sexual Harassment is...?

Sexual harassment is a huge umbrella term for many types of sexual acts towards a person. It consists of actions that are non-consensual/unwelcome/unwanted and causes the victim to feel discomfort, humiliation, intimidation, or downright offended.

NEOCARDIA'S IMPORTANT MESSAGE:

If your sexual acts/requests are not wanted and cause a person to feel any of the above, it is sexual harassment. Period.)

All of these acts are not limited to actions that are verbal, non-verbal (physical), psychological, visual, etc. The non-physical form of sexual harassment is more common!

The acts of sexual harassment could be as mild as cat-calling or as severe as stalking and aggressively harassing them (physically, verbally, psychologically, etc.)

According to a 2019 study by YouGov, **36% of women and 17% of men** in Malaysia have experienced sexual harassment.

These are high numbers, especially considering that the numbers ***are solely cases that made it to the police station.***

Regrettably, sexual harassment cases ***are hugely not reported*** due to many reasons (fear being the main barrier).

One of which is the stigma (our stigma) against the victim rather than the perpetrator. .

Other reasons?

Fear of losing a job, getting harmed by the perpetrator, the 'sullied' virtue, etc.

The list could go on.

SO, if that is Sexual Harassment? What is Sexual Assault? Sexual Abuse...? Rape?

We are sure - everyone has heard of these terms before! Let us clarify them.

These terms are all under the definition of sexual harassment. What are the differences between all of them? After all, we could see these terms on the news daily.

So here we go.

According to specialists who have studied Behavioural and Social Studies, there are significant differences.

Part 2: Sexual Harassment, the what, why, where and how.

Sexual Harassment is...?

PERHAPS, AFTER THIS ARTICLE -
YOU WOULD REALISE THAT YOU MAY
HAVE BEEN
A VICTIM OF THIS FOR YEARS,
BUT IT WAS SO NORMALISED
THAT YOU DIDN'T THINK MUCH OF IT.

Sexual Abuse

According to Cook, Cortina, and Koss, when children are involved, we use 'sexual abuse.'

Sexual abuse is simply sexual behavior towards children. It includes :

- Sexually touching the victim.
- Forcing the victim to touch the perpetrator sexually.
- Making them look at sexual body parts.

"The nerve and disgusting acts of some people, I swear," said Neocardia. "They are children!"

Rape

It has a simple, forward definition.

Under US law, it is the act of "penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim."

Under this law, gender and relationship were not specified, either for the victim or perpetrator.

It is a very inclusive definition. It does not matter whether it is between a married couple, or the same sexes, or even the rare female perpetrator against a male victim. It includes the majority and minority of the rape cases. No exclusions!

HOWEVER, under Malaysian law, it has a different definition.

- Rape is defined only as sexual intercourse with a woman without her consent or against her will.
- Statutory rape is sex with a girl below 16 years of age, regardless of consent.
- The gender is specified :
 - It has to be a male perpetrator.
 - It has to be a female victim.
- The organ of penetration has to be a penis. (Fingers or other objects are not counted.)

(AWAM / WAO)

**IN MALAYSIA, WE DON'T HAVE THE LUXURY OF
A MORE INCLUSIVE DEFINITION.**

MALAYSIA DOES NOT HAVE THE MORE INCLUSIVE DEFINITION OF RAPE...

In concurrence to this, practically anyone's case similar to rape but *is not within this definition* will not be considered a rape case. Examples of other types of existing rape that do not fit its definition in Malaysia.

- Male penetrating Male.
- Female forcing penetration from a Male.

These might be a rarer type; *however, imagine a case of rape not being acknowledged as one.*

Imagine being a victim, and the law does not recognise your injustice as what it is.

(See why extending definition matters?)

Marital rape is also not included in this definition, and it is more addressed under the 'Husband causing Hurt' section of the Law, where the husband threatens and hurts the wife for sexual intercourse.

Penal Code, 375A - Husband causing Hurt in order to have Sexual Intercourse

375A. Any man who during the subsistence of a valid marriage causes hurt or fear of death or hurt to his wife or any other person in order to have sexual intercourse with his wife shall be punished with imprisonment for a term which may extend to five years.

Overall, this could be improved as the law should include all groups of people who were wronged and did wrong.

LAW
CASES

Sexual Assault

Sexual Assault and Rape is used interchangeably in the news. But in actuality - **Rape is a subset of Sexual Assault**, the way **Sexual Assault is a subset of Sexual Harassment**.

Sexual Harassment

Sexual Assault

But on its own, sexual assault is also a rather broad term. By definition, it would include acts of unwanted kissing, touching, groping, rubbing and even forcing the victim to touch the perpetrator in a sexual way.

Sexual Violence

This term is far broader than sexual assault.

It includes acts that are not directly established in law as a crime but are harmful and traumatic to the recipient. Sexual violence includes using false promises, insistent pressure, abusive comments, or reputational threats to coerce sex acts.

It encompasses non-contact acts like catcalls and whistles.

Acts of objectifying and exploiting/victimizing women. It includes :

- Electronic sharing of explicit images (Not consented)
- Exposure of genitals
- Viewing of others naked or during sex (Peaking Tom Behaviour)
- And more.

We have to keep in mind that all of these constitute Sexual Harassment, and they are wrong.

No one deserves to be treated so lowly, and disgracefully.

Who would highly likely experience Sexual Harassment?

Both women and men experience sexual harassment. There are a variety of cases that have happened.

The majority would be male to female harassment, but we do have cases of female to male harassment, male to male harassment, as well as female to female harassment as well. No one is truly singled out from this horrible unneeded social phenomenon.

Why Does Sexual Harassment Happen?

Our community has always answered this question in a certain way. It is more familiar once you rephrased it to - What did she do?

And the answers will always be heartbreaking. Sometimes, we hear it from a stranger, but most times, it is someone we know and love.

"SHE WAS DRESSING INAPPROPRIATELY."

"SHE WAS ASKING FOR IT. IF SHE SOUNDS LIKE THAT."

"IT WAS A LATE NIGHT. NO PROPER GIRL SHOULD BE OUT THAT LATE."

**"MEN ARE INSATIABLE CREATURES.
THEY CANNOT CONTROL THEMSELVES.
THEY ARE BLAMELESS.**

**THE GIRL HAS TO BE MORE CAREFUL.
GET OUT LESS. STAY IN THE HOUSE LIKE A PROPER LADY."**

It all sounds very familiar, yes?

Our community always have this narrative to blame both sides of the problem but ultimately blames the victim for 'impugning' the assault or harassment to happen.

It is a grotesque and disgusting thought - to think someone would gladly be harassed and have their mental health jeopardized.

In other words, our community has been enabling this disgusting norm for centuries.

Heartbreaking.

Moving on - according to the **University of Minnesota**, sexual harassment is also a show of power relations between beings.

It is why women are usually the recipient of the harassment instead of the perpetrator. (Rarely, but it **does** happen.)

To elaborate :

Women are usually in vulnerable positions in society. They lack self-confidence or were indoctrinated to suffer in silence about their injustices.

To understand this dynamic - we must understand why the perpetrators have urges to sexually harass another person.

For the normal cases of male-to-female harassment, it is hypothesized that the **traditional roles of males in society** contribute to this incident. It is a conventional belief that males are the sole providers of families. Seeing women in the same work setting as men set off an instinct to be competitive. Leading to a negative output of harassing women to drive them out of the game.

(These days, we have more female representatives standing up for themselves but has it been an easy journey for them? Most would disagree. One of the obstacles they have to go through is sexual harassment, prevalent everywhere they go.)

Other than that, there is also the **role of power** in these issues.

Most perpetrators are in a high power position. They impose it on their lowly positioned victim. (It could be a difference in job positions, a difference in advantage (blackmail opportunities), or even an incentive to give to the victim if they comply)

With this thought - if the victim denies the perpetrator - **it could badly impact them at their job or whatever role they are playing in a community** - this is how power plays a role in this issue.

It is the abuse of power that is so normalized because it makes sense.

It is the reason why the establishment of the sexual harassment law is crucial. We must protect those not in power and give them a platform to take back their dignity and preserve their mental health, as well as other aspects of their well-being.

Part 3: What is our role in this Issue?

First of all, we have to address that there are problems in the community in
ACKNOWLEDGING THE ISSUE itself.

- *Admitting that it does happen.*
- *Recognizing that the victim is not at fault.*
- *Agreeing that the perpetrator deserves punishment for the act.*

What are the **WRONGS** we usually do when we meet sexual assault victims?

1. We question the **integrity** of their story.
2. We **invalidate** their case by responding with, “At least you did not get raped/stalked/molested/demoted/fired from work.”
3. We question what they were **wearing** at the time when it should not even matter.
4. We question the **time** of the incident. As if the time should matter? What’s the difference between getting harassed at 9 AM and 10 PM? The perpetrator is still very much at fault **for doing it** in the first place.
5. We question **what they did** to get such harassment.

These are all wrong responses to a victim trying to tell their story.

What we **SHOULD** be doing :

- Listen, and give them the support they need.
- Help them make that report.
- Educate them about the things they could do about the case.
- Stand up for them when they can’t for themselves.
- Call out the perpetrators for their behaviour
- Do not tolerate or validate any bad behaviour.

When a victim tells their story, it is a moment of vulnerability, and invalidating them will cause them to further move into their shells - inducing the problems of underreporting these incidents.



Part 4: What is our conclusion?

So what do we want and need from the upcoming Sexual Harassment Law?

Currently, there is no access to the content of the proposed bill.

But we think we speak for every victim, and potential victim, that we want a guaranteed safe space as a Malaysian citizen. We want our rights protected.

We don't want to worry about being molested, cat-called, or predated on the selfish wants of others.

Therefore, **(1) WE NEED TO DENORMALIZE SEXUAL HARASSMENT AND ITS FRIENDS.**

Now, this is where a sexual harassment law plays its role.

The Sexual Harassment Law can help by the enforcement of punishment towards these perpetrators by linking their crimes to legislation that directly addresses sexual harassment as a whole (whether it is in the form of a fine or incarceration - depending on the severity of the offense).

It could instill a sense of fear and verify that sexual harassment is wrong (to all persons). This disgusting norm cannot be allowed to continue.

Therefore, new legislation against all kinds of sexual harassment, in any space - would help raise the issue and reduce the scary norm.

(2) WE WANT A ZERO-TOLERANCE POLICY EVERYWHERE. NOT JUST AT THE WORKPLACE, but also IN PUBLIC SPACES.

Law is considered the bare minimum of being good. A law-abiding person is actually on the mild side of being an ethical person. To an average individual, law-breaking is always one step too far and far too consequential to risk.

(Risk of reputation loss, paying penalties, incarceration, or heavier forms of punishment.)

Other than that, in 2019 -
there was a **Tribunal mentioned by
Dato' Seri Dr. Wan Azizah.**

An establishment planned to handle sexual harassment cases when companies/authorities ignore their duty to investigate the claims and give proper punishments to the wrongdoer.

Victims could rely on the tribunal to hear their pleas when their employers, relatives, and authorities choose not to listen.

We are hopeful that with enormous enforcement - this issue will one day be curbed for the sake of everyone's dignity, sanity, and safety.

Yet, this *is* a **team effort** to curb a problem. **Everyone** has to play a role.

The bill is not the only step to take to curb the issue.

Males and females alike should be protecting each other from scary situations.

**(3) WE HOPE TO SEE THE ESTABLISHMENT OF
THIS TRIBUNAL SOON.**

*So to those who keep telling us to cover up, to
bring weapons that could help us in these
circumstances.*

*Neocardia will pose a question:
Do you have to do these things to feel safe?
No?*

*Then, look at us straight in the eye -
and tell us who were victims and are potential
victims -*

*Why should we live in a much more
hostile/dangerous world than you do, despite
us all cohabiting the same planet, same
country, same state, and buildings.*

Don't let the soft whimpers of help get lost from
your dashboard.

Amplify it and hold the predator responsible for
their actions - regardless of what position, gender,
or wealth they have.

Why? Is it too hard for some of you to keep
yourself to yourself?

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COVID-19 VACCINATION

Towards A Free Pandemic World



Article by : Hanis Athirah

Supervised by : Dr. Rosnida Mohd Noh

- 2019, December -

An outbreak of pneumonia of unknown cause was reported in the city of Wuhan of Hubei Province, China.

- 2020, January -

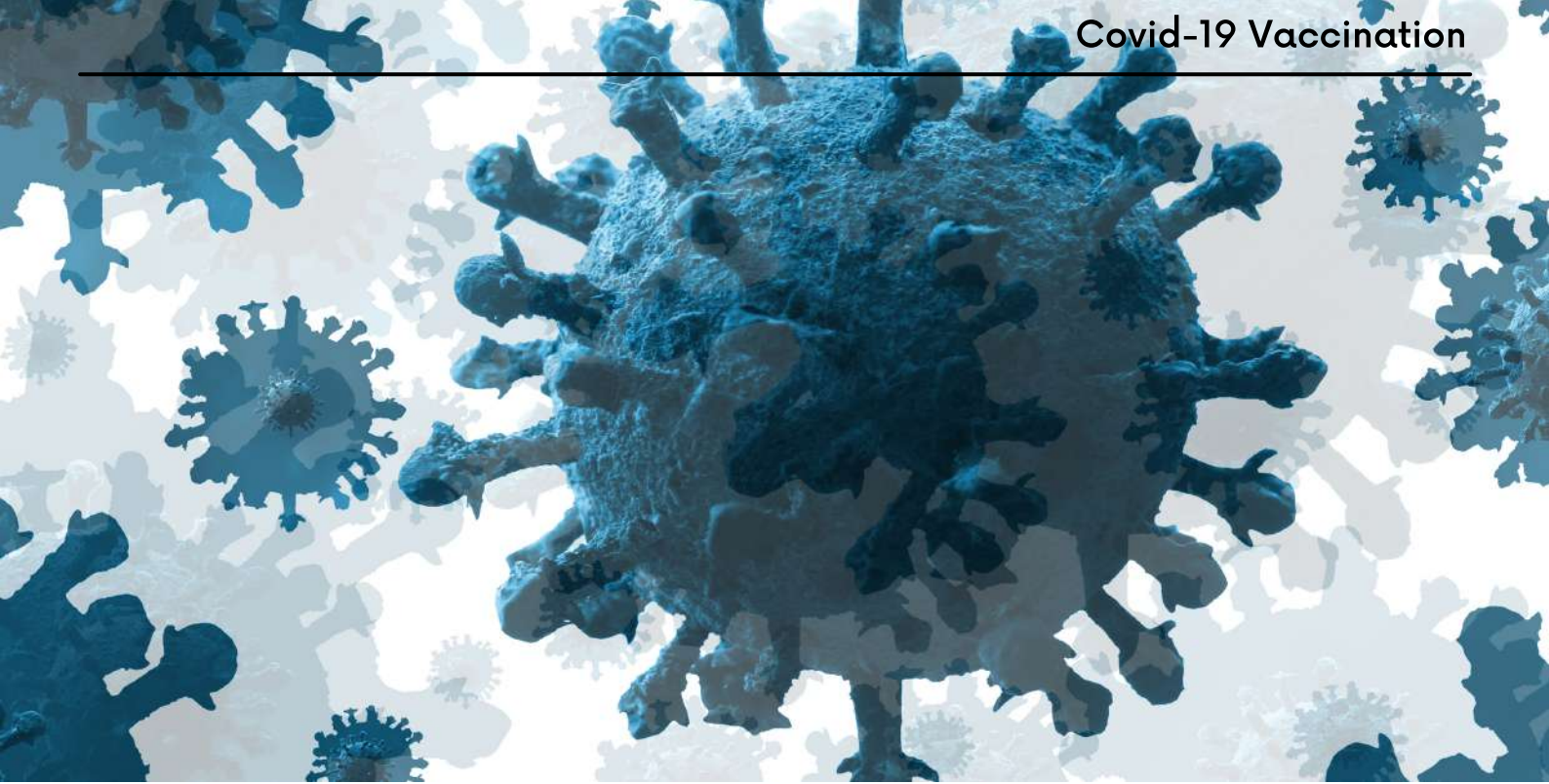
World Health Organization (WHO) reported that a novel coronavirus was the cause of the outbreak. As health officials continued their research on this newfound virus, the very first casualty from this disease was reported in China. Soon enough, the outbreak started spreading across nations, with Thailand, Japan, and the United States of America being the first few countries after China to report cases of the novel coronavirus infection.

- 2020, February -

The novel coronavirus was named COVID-19 — short for Coronavirus Disease 2019. Early guidelines were issued for countries to prepare to tackle the disease.

- 2020, March -

The total number of infections worldwide surpassed 100,000. COVID-19 was declared a pandemic.



Nearly two years have passed since China reported its first COVID-19 cluster, which was then known as the 2019 novel coronavirus infection. The virus, which rapidly spread across the globe has sacrificed the lives of millions and caused long-haul symptoms in several more million people, with over one hundred million contracting the infection over the past year. *The world that we knew is gone, replaced by a world of social isolation and countless restrictions.*

To many of us, dark clouds have been looming over our heads since the pandemic began — apart from people falling sick and dying, people started losing jobs and income, companies have failed to prevail, schools and universities were temporarily closed, social activities were restricted, traveling was banned — in short, we have lived in extreme caution and solitude for months. Everyone on earth has been affected either directly or indirectly by this pandemic.

Hence, when news about a vaccine that could potentially end the pandemic emerged, a myriad of responses was heard around the world.

Many were optimistic and hopeful, but plenty was skeptical.

Would the vaccine truly work?

How does it work?

Is it safe for use?

How long would it take before the vaccines are ready?

To answer these questions, let us first explore the basic concept of vaccination.

The Centers for Disease Control and Prevention (CDC) **defines vaccine as a product that stimulates a person's immune system to produce immunity to a specific disease, to protect the person against that disease.**

HOW DOES VACCINATION STIMULATE THE BODY TO PRODUCE IMMUNITY AGAINST A SPECIFIC INFECTION?

Just how the human body would fight infections using the innate and adaptive immune system, a vaccine triggers a similar mechanism, except that it does not cause an actual illness.

Vaccines may contain a nonpathogenic weakened or inactivated version of the causative organism, or a specific antigen that is characteristic to that particular organism or contain genetic material which can be used by cells to produce specific antigens. This is used to elicit the body's immune response to produce antibodies and memory cells.

This adaptive immunity will then be able to recognize similar organisms or antigens early and will be prepared to produce an increased response to eliminate the organism.

When an infection with the target pathogen occurs, it will be quickly identified by the memory cells, and rapid and targeted response will be elicited from the immune system which has been primed by the vaccine.

Even though antibody levels triggered by the initial vaccine tends to wane after a few months to years, memory cells such as B cells and T cells (helper and killer cells) are present for a longer duration. These components of the adaptive immune response can be activated in response to infections as long as they were adequately primed by the vaccination.

WILL I BE EXPOSED TO THE SARS-COV-2 VIRUS AND POTENTIALLY GET COVID-19 IF I WAS VACCINATED?

The answers are yes and no. Yes, the vaccine may contain whole inactivated viruses or antigens from the virus, or genetic material that may produce antigen of the virus spike protein, but no, the vaccination will not give you COVID-19. As the virus has been inactivated, it can no longer replicate in the body and cause illness. Antigens contained in the vaccine or through the introduction of genetic material (mRNA or DNA) is nonpathogenic.





WHAT ARE THE TYPES OF COVID-19 VACCINATION AVAILABLE AND HOW DO THEY PROTECT US FROM GETTING INFECTED?

As of now, the four general types of vaccines authorized for emergency use for COVID-19 vaccination are **mRNA-based** vaccines, **viral-vector** vaccines, **inactivated** vaccines, and **protein subunit** vaccines.

They are manufactured by different pharmaceutical companies worldwide. The first three are to be available in Malaysia.



MRNA VACCINE

Messenger ribonucleic acid or better known as **mRNA** is, as its name suggests, **a messenger** that carries genetic information which codes for the synthesis of a specific protein.

Unlike other vaccines, mRNA vaccines do not involve the placement of any component of the virus to trigger our immune response; instead, they provide instructions for our cells' protein-making factory — **ribosomes** — to produce a protein that is present on the SARS-CoV-2 virus, called the spike protein.

This spike protein will then be detected by immune cells, causing antibodies and memory cells specific to this spike protein to be produced.

Both mRNA vaccines **require two doses**. This is a common approach to generate a more effective immune response through vaccination and has been used for many vaccines such as hepatitis A and B. Research has shown that the immune reaction produced by a single dose of mRNA vaccine is moderate.

However, when a second dose is administered, known as a booster, the immune reaction is significantly increased hence enhancing the vaccine's efficacy.

You might have heard that the COVID-19 mRNA vaccine is the first of its kind, *which is true*. No other mRNA vaccine has made it through the process of full approval for human use before.

However, research on mRNA vaccine started more than two decades ago, but its use was limited by the lack of an effective transport medium which was solved by the use of lipid nanoparticles!

COVID-19 mRNA vaccines include the *Pfizer BioNTech (COMIRNATY)* and the *Moderna* vaccines.

- **Name of mRNA vaccine:** Comirnaty
- **Manufacturer:** Pfizer Inc., and BioNTech
- **Number of doses:** 2 doses, 21 days apart

- **Name of mRNA vaccine:** Moderna COVID-19 vaccine
- **Manufacturer:** ModernaTX, Inc.
- **Number of doses:** 2 doses, 28 days apart



INACTIVATED VACCINE

The inactivated vaccine is, as its name suggests, ***a vaccine that contains the pathological organism in its inactivated form.*** Inactivated means that this organism is not alive and will not be able to replicate, hence it will not cause the disease.

This vaccine works by the presence of antigens on the surface of the dead organism which triggers an immune response, although sometimes these immune responses may be short-lived or nonexistent. Due to this, several doses of vaccines are usually required to elicit an adequate immune response against the infection. ***The organism in question was grown in laboratories using culture media and then inactivated with heat or chemicals.*** Inactivated vaccines have been used for decades, such as the **poliovirus** vaccine, **influenza** vaccine, and now also in COVID-19, known as the **CoronaVac (Sinovac) vaccine**.

Name of inactivated vaccine: CoronaVac

Manufacturer: Sinovac Biotech Ltd.

Number of doses: 2 doses, 21-28 days apart



VIRAL VECTOR VACCINE

As for the vector vaccines, **their mechanism of action is very similar to the mRNA vaccines, except that the DNA that codes for the spike protein is carried by another virus, known as the viral vector.** This vector delivers the genetic material into the host's cells and triggers immunity. **This genetic material, however, will not be incorporated or alter the host's DNA.**

One of the commonest viral vectors used in vaccines is adenoviruses, as seen in the Sputnik V and AstraZeneca vaccines.

- **Sputnik V uses recombinant adenoviruses** (adenovirus 26 and adenovirus 5).
- **AstraZeneca uses a chimpanzee adenovirus (ChAdOx) as theirs.**

Adenoviruses are commonly chosen as viral vectors **due to their ability to elicit a vigorous immune response,** the convenience of manipulating their genetic material, and their practicality for large-scale production.

**Before COVID-19, this type of vaccine has been previously used in Ebola infection.*

A currently ongoing large-scale clinical trial has shown the AstraZeneca vaccine to be 63% effective.

It has been **associated with a rare Vaccine-induced Immune Thrombotic Thrombocytopenia (VITT)** which causes **blood clots** in veins and arteries including cerebral venous sinus thrombosis and mesenteric vein thrombosis. However, as of currently available safety data, the World Health Organization (WHO) and the European Medicines Agency (EMA) ***maintain that the benefit of the AstraZeneca vaccine outweigh the risk of VITT and therefore recommends the AstraZeneca vaccine to continue to be administered.***

Name of viral vector vaccine: COVID-19 AstraZeneca vaccine (Vaxzevria and Covishield)

Manufacturer: AstraZeneca, University of Oxford

Number of doses: 2 doses, 4 to 12 weeks apart

PROTEINS SUBUNITS VACCINE

The protein subunit vaccine, on the other hand, **actually contains very small, specific parts of the SARS-CoV2 virus that causes COVID-19.** However, these viral parts (or protein subunits, to be exact) are **completely harmless and are safe for use.** They act to stimulate the immune system so that when the pathogenic virus invades the human body, the body will have a primed immune system to clear the infection quickly. This type of vaccine has been used in children, such as tetanus, whooping cough, and diphtheria vaccines. An example of this vaccine includes the Novavax COVID-19 vaccine.

ARE ALL OF THESE VACCINES SAFE FOR USE?

Based on available data these vaccines are safe.

However, it is important to note that the **current COVID-19 vaccinations are authorized for emergency use** via the **Emergency Use Authorization (EUA)** from the **U.S. Food and Drug Association (FDA)** and the **National Pharmaceutical Regulatory Agency (NPRA)** in Malaysia. EUA allows the use of these vaccines, despite not having obtained full approval from the FDA, due to the urgent need to protect the world against COVID-19, given that the benefits outweigh the risks of vaccination.

However, EUA does not mean that these vaccines are unsafe. *They still had to go through a series of clinical trials involving tens of thousands of participants to meet the rigorous efficacy and safety standards set by the FDA before being authorized for emergency use.*

Since then, the **Advisory Committee on Immunization Practice (ACIP)** has reviewed all available data on these vaccines and released recommendations for their use. In addition, *those who have been vaccinated continue to be monitored as part of a post-authorization study or pharmacovigilance for very rare side effects.*

However, due to the limited time to produce a vaccine, studies on efficacy and safety are currently ongoing for some groups of individuals. *These include children under the age of 16, pregnant and breastfeeding women.* The decision to vaccinate pregnant or breastfeeding women is weighed against the risk of them getting COVID-19 and the risk of morbidity and mortality from the disease. For example, healthcare workers who are at increased risk of getting COVID-19 can be vaccinated after discussion with a doctor.



People who have had severe allergic reactions to the first dose of the vaccine or any of its ingredients or severe allergic reactions to food or medication before vaccination are contraindicated to get the vaccine. Allergic reactions should not be confused with common side effects of vaccinations, which will be explained in the next section.

**With the currently available vaccines in Malaysia, any history of severe allergy may be a contraindication to the vaccine, so it is prudent to check with the vaccine provider.*



In Malaysia, all medications are subjected to National Pharmaceutical Regulatory Agency (NPRA) approval before use in the country.

The COVID-19 vaccines are not an exception.

As of March 2021, vaccines that have received NPRA's conditional approval are ***Pfizer-BioNTech, Sinovac, and AstraZeneca-Oxford University vaccines.***

From the Islamic point of view, there is no reason to worry as the use of the COVID-19 vaccine had been announced as permissible or '***harus***' for the Muslim community. This was decided by the **Special Muzakarah of the National Council** for the Islamic Religious Affairs, Malaysia.



WHAT ARE THE SIDE EFFECTS OF THESE VACCINES?

Side effects of the COVID-19 vaccines are usually **mild and temporary**, involving **local manifestations** such as *pain, redness, and swelling at the injection site*, and **systemic manifestations** such as *fever, chills, headache, fatigue, muscle pain, and nausea*.

Early adverse effects may just be an indication that there is vaccine reactogenicity and the vaccine is doing what it is supposed to. **These are not allergic reactions to the vaccination.**

However, if you experience **swelling around the lips and the eyes or breathlessness post-vaccination**, *make sure to seek medical aid immediately* as these might be signs of a severe allergic reaction.

For vaccines that require two doses, the ***side effects are likely to be more intense after the second dose***. This is normal and should ***resolve within 48 to 72 hours***. You can take simple analgesia like **paracetamol** to reduce any pain or discomfort, apply a cool and wet cloth to the injection site and gently move your arms regularly. **Hydration** is important to help alleviate discomfort caused by fever. ***However, if symptoms persist, you should seek medical attention.***

HOW IS MALAYSIA HANDLING VACCINATION FOR ITS POPULATION?

Malaysia has launched its own National COVID-19 Immunisation Programme, which was published for public viewing on **February 18th, 2021**. The process of drafting and planning strategies, however, has begun since April 2020 by establishing scientific diplomatic relations with countries and vaccine manufacturers, led by the Ministry of Health, the Ministry of Science, Technology and Innovation, and the Ministry of Foreign Affairs. The former two ministries eventually co-chaired the ***Special Committee for Ensuring Access to COVID-19 Vaccine Supply (Jawatankuasa Khas Jaminan Akses Bekalan Vaksin COVID-19)*** in October 2020.


The Malaysian government aims to ensure that the residents of Malaysia receive their vaccination as soon as possible, with 80% of the adult population receiving their vaccines by February 2022. ***This includes all citizens and non-citizens of Malaysia who will all receive the vaccination free of charge.***






This programme will be carried out in three phases :

- **Phase 1 (February - April 2021)** involves 500,000 frontliners from public and private healthcare services, essential services, defence and security personnel.
- **Phase 2 (April - August 2021)** will be for the remaining healthcare workers, essential service workers, defence, and security personnel. Apart from these people, senior citizens and high-risk groups of the population will also be receiving their vaccinations within this period.
- **Phase 3 (May 2021 - February 2022)**, which is the final phase, will involve the entire adult population aged 18 years and above.



As of December 2020, our former Prime Minister, Tan Sri Muhyiddin Yassin had announced that vaccines for 82.8% of Malaysian adult populations have been secured by the government. This includes the Pfizer-BioNTech, AstraZeneca, Sinovac, CanSinoBIO, and Sputnik V vaccines. The first batch of vaccines, which were the Pfizer BioNTech (COMIRNATY) vaccines, arrived in Malaysia on February 21st, 2021. Among the first to receive this vaccine were our Prime Minister and our Director-General of Health, Tan Sri Dato' Dr. Noor Hisham Abdullah. The Sinovac (CoronaVac) vaccine became the second vaccine administered in Malaysia starting March 18th, with the former Coordinating Minister for the National COVID-19 Immunisation Programme, Khairy Jamaluddin being the first recipient of the vaccine.





WHAT DO I NEED TO DO TO RECEIVE MY VACCINATION?



You will first need to register for the COVID-19 vaccination online via the MySejahtera application or the website vaksincovid.gov.my or by calling the COVID-19 hotline. For phases 1 and 2, you can also opt for manual registration at any COVID-19 vaccination center. For rural areas, outreach programs will be organized to assist their community to register for the vaccination.

Following confirmation of your registration, you will then be notified of your appointment date for the first dose of vaccination. After receiving the vaccination, you will undergo an observation period of 15 to 30 minutes to monitor for immediate reactions to the vaccine before receiving your vaccination card and being allowed to return home. Nearing the appointment for the second dose of vaccination, you will receive reminders for the appointment. You will also receive regular reminders through the MySejahtera application to report any side effects of the vaccination. Similar reports can also be made at health facilities.

In essence, the COVID-19 vaccination is, as of now, our only hope towards a pandemic-free world, however, it would not be an effective strategy if the vaccination rate is not high enough to incur herd immunity. Hence, it is our responsibility as a member of the community to get vaccinated, not only for ourselves but also to protect those who are not eligible for vaccination. ***Nevertheless, we must adhere to the standard operating procedures (SOP) by wearing masks, physical distancing, and practicing hand hygiene to thwart the spread of the disease.*** Myths about vaccines are often misleading but science has proven the myths wrong.

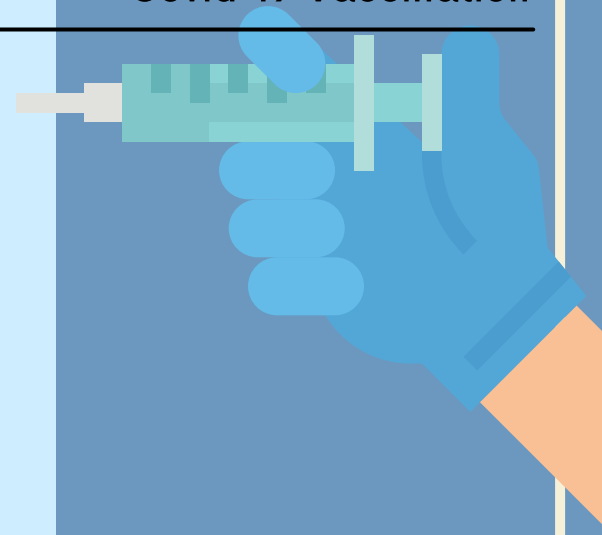
Let us all register for the COVID-19 vaccine now!

IMPORTANCE OF GETTING VACCINATED

- ✓ PREPARES YOUR BODY TO FIGHT AGAINST POTENTIAL COVID-19 VACCINATION.
- ✓ PROTECTS OTHERS WHO ARE NOT ELIGIBLE FOR VACCINATION VIA HERD IMMUNITY.
- ✓ PREVENTS SEVERE ILLNESS IF YOU DO GET INFECTED.
- ✓ CURBS THE SPREAD OF THE INFECTION.
- ✓ AN EFFORT TO PUT AN END TO THIS PANDEMIC.
- ✓ RESTORES THE WORLD'S ECONOMY IN THE LONG RUN.
- ✓ A CHANCE TO RETURN THE WORLD BACK TO NORMAL.

WHAT IS HERD IMMUNITY?

When a majority of the population (hence the word herd) is immune to a particular infection, this protects the rest of the population who are not or unable to be vaccinated from the infectious disease. Herd immunity can be achieved through vaccination.



THIS ARTICLE HAS BEEN FACTUALLY CHECKED AS APRIL 30TH 2021. IN CASE OF FACTUAL DISCREPANCIES, PLEASE REFER TO THE OFFICIAL WORLD HEALTH ORGANIZATION (WHO) WEBSITE FOR THE LATEST UPDATES.



CLINICAL CASE COMPETITION (CLICC) 2021

CLICC 21' is a clinical case competition where the medical community participate to send in their submissions to be assessed by esteemed persons in the Medical community.

From our very student body, we have **Mus'ab bin Abdul Manan** and **Muhamad Nur Firdaus bin Saharodzi** (*supervised by Dr. Wan Najwa*) who paired off in this competition and had won **2nd place** as well as the **MMUK medical student prize** with their submission of **'Return to Work after Spinal Cord Injury with Multiple Pressure Ulcers and Chronic Osteomyelitis.'**

Not only that, to add to their achievement, the pair was the only student group that were shortlisted among medical officers and specialists!

Other students have also participated! We have **Nur Syahmina Reduan**, **Wan Nur Amirah Ahmad Shah Zunaidi**, and **Mumtaz Adiba Juanda**.

In this e-magazine, we will be showcasing our students' CLICC submissions!

As of now, Mus'ab and Firdaus' winning submission is currently underway to be published in a journal*, **Spinal Cord Series and Cases**. **Congratulations Mus'ab and Firdaus!**

**Therefore, their submission could not be showcased here in this e-magazine due to copyright issues.*

Severe Dengue with Hemophagocytic Lymphohistiocytosis

Wan Nur Amirah Ahmad Shah Zunaidi¹, Azah Isa², Anis Siham Zainal Abidin³

¹ Fourth year medical student, Faculty of Medicine UiTM, Sungai Buloh Campus, Selangor, Malaysia. ² Paediatrician, Faculty of Medicine UiTM, Sungai Buloh Campus, Selangor, Malaysia. ³ Consultant Paediatric Intensivist, Faculty of Medicine UiTM, Sg Buloh Campus, Selangor, Malaysia.

Background:

Severe dengue presents with life threatening multi-systemic organ involvement. Hemophagocytic Lymphocytosis (HLH) is an increasingly recognized complication which is a rarity in paediatric population.

Case Report:

A previously well thrived healthy 9-month-old boy presented to emergency department with status epilepticus preceded by fever for two days. Upon admission, he was febrile with encephalopathy. Modified Glasgow Coma Scale was 11 (E3M4V4). Initial investigations showed thrombocytopaenia (platelets $139 \times 10^9 /L$), leukopaenia (White Cell Count (WCC) $3.9 \times 10^9 /L$) and transaminitis (AST 165 U/L). Dengue NS1 Antigen was positive. He was diagnosed with severe dengue with encephalitis and intubated for cerebral protection. CT brain was normal however ultrasound cranial Doppler showed blood flow reversal in middle cerebral artery. At day 4 of illness, his haematological parameters crashed as platelets were $6 \times 10^9 /L$ and WCC $2.09 \times 10^9 /L$. Subsequently, he developed severe plasma leakage resulted in compensated shock during the critical phase which responded to fluid therapy. He had persistent high spiking fever with a firm hepatomegaly 5cm. Further investigations revealed hypofibrinogenaemia 65mg/dL with hyperferritinaemia 2162 ng/mL. Thus, he fulfilled 5 out of 8 HLH 2004 criteria with significant H-score. He was successfully treated with intravenous dexamethasone 0.1mg/kg 8 hourly for 5 days. He was extubated and discharged well with no neurological impairment.

Discussion:

Early signs of HLH in dengue infection include prolonged, unremitting fever with hepatomegaly, seizures and bone marrow involvement. Corticosteroid is the first line of therapy.

Conclusion:

Early recognition of dengue associated HLH has a significant impact on the management and outcome.

(250 words)

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Severe Lipaemic Diabetic Ketoacidosis (DKA) in Hypercatabolic State

Nur Syahmina Reduan¹, Azah Isa², Anis Siham Zainal Abidin³

¹ Final year medical student, Faculty of Medicine UiTM, Sg Buloh Campus, Selangor, Malaysia. ² Paediatrician, Faculty of Medicine UiTM, Sg Buloh Campus, Selangor, Malaysia. ³ Consultant Paediatric Intensivist, Faculty of Medicine UiTM, Sg Buloh Campus, Selangor, Malaysia.

Background:

DKA is highly prevalent in paediatric patients and hypertriglyceridemia is a rare, adverse complication.

Case Report:

A previously healthy 11 years old female presented to the emergency room with a history of polydipsia and polyuria for 3 months. She then developed intermittent abdominal pain for 2 weeks, lethargy and shortness of breath for 1 day. Her initial vitals: blood pressure 126/102mmHg, heart rate 119 bpm, respiratory rate of 32 breaths per minute, and Glasgow Coma Scale (GCS) of 14. She was diagnosed with DKA with a blood glucose level of 28.6mmol/L, bicarbonate level of 4.9mmol/L, ketonuria and venous pH of 6.9. HbA1c was 13.3%. She received fluid resuscitation and insulin infusion initiation. Routine DKA laboratory investigations encountered difficulty as her blood was lipaemic. Upon evaluation she was found to have profoundly elevated triglyceride level of 10mmol/L. This has caused hypercoagulable state with impaired organ perfusion. Consequently, she had mild pancreatitis with serum amylase of 2565U/L. She had good urine output despite rising urea (22.4mmol/L) and creatinine (200micromol/L). She was transitioned to subcutaneous insulin on day 4 with subsequent development of lower limb pitting oedema. Her blood parameters and limb oedema resolved by day 14 of admission. There was no relevant family history.

Discussion:

In DKA, severe lipolysis causes free fatty acid release with subsequent hypertriglyceridemia. Patients with severe hypertriglyceridemia, (>1000mg/dl) are at high risk for acute pancreatitis. Limb oedema has been reported post insulin initiation.

Conclusion:

A quartet of DKA, hypertriglyceride, pancreatitis and limb oedema are rare in children with potentially fatal outcome.

(249 words)

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"I felt something coming down below": A case of POP

Mumtaz Adiba Juanda¹, Suzanna Daud²

¹ Final year MBBS student, Faculty of Medicine, UiTM Campus Sungai Buloh, Selangor, Malaysia. ² Consultant Obstetrician & Gynecologist, Faculty of Medicine UiTM, Sungai Buloh Campus, Selangor, Malaysia.

Background:

Pelvic floor disorders, which includes pelvic organ prolapse (POP), have shown an increasing prevalence among women worldwide. (Wu 2014) It is perceived as embarrassment and affect the women's quality of life.

Case reports:

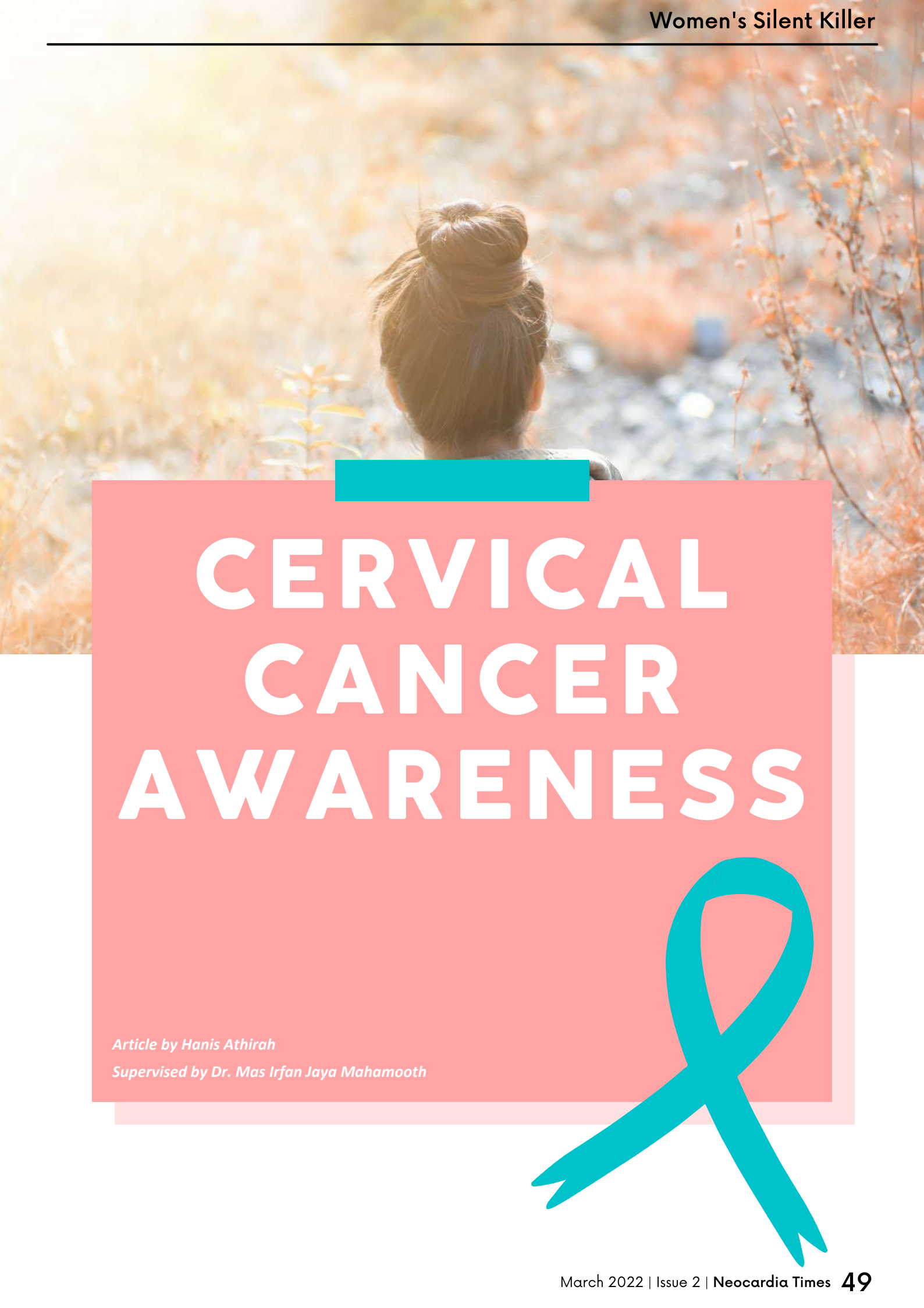
A 68-year-old housewife, Para 3, complaint of a 50-cent coin size lump coming down from her vagina since 2019; which could be reduced back manually inside the vagina. The symptom exacerbated by straining and carrying heavy objects. Ignoring the symptom, causing the lump to increase in size and protruded out from her vagina for the past 2 months. She had 3 SVD with maximum birth weight of 3.75kg and a prolonged second stage of labour in her second pregnancy. She was not aware and never practice pelvic floor exercise nor taken any HRT. There were no urinary symptoms nor constipation. Her BMI is 25.2kg/m². Abdominal examination was unremarkable. On speculum examination, vagina was atrophic and third degree uterine prolapse was evident. She was arranged to have Vaginal hysterectomy, anterior colporrhaphy and sacrospinous fixation done.

Discussion:

The positive risk factors in this case are multiparity, menopausal status, a history of prolonged labor and frequent heavy lifting. The delay in presentation is due to lack of awareness. It was also found in a study that feeling of embarrassment and social stigma could be the reason. (Abhyankar 2019) Pelvic Floor exercise and avoidance of heavy lifting may be beneficial at onset of symptom. For conclusion, POP awareness is crucial to empower women to prevent POP and seek treatment as soon as they are symptomatic

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CERVICAL CANCER AWARENESS

Article by Hanis Athirah

Supervised by Dr. Mas Irfan Jaya Mahamooth



“ I have your results. I’m sorry, but you have cancer. Cervical cancer. ”

All it takes for a life to change forever is this one heart-rending sentence.

Genevieve Sambhi, former Miss Malaysia/Universe, also a well-known model of her time, was only 35 when she was diagnosed to have cervical cancer. Being a mother of two small children at the time, the diagnosis came unexpectedly to her as she led a healthy lifestyle herself — she was not a smoker, drank only occasionally and exercised regularly.

Her life changed almost immediately after the diagnosis was made — she was scheduled for a minor surgery within the next few days, only to return to the hospital 10 days after the surgery due to severe bleeding. The universe had another surprise for her — the cancerous cells had spread and the only solution was a total hysterectomy. She was devastated, her dreams of conceiving more children were destroyed in an instance. The pain and suffering she went through were so agonizing that she made a solemn pledge to herself that if she survives, she will do her best to educate and instill awareness on cervical cancer.

Meanwhile, for Faridah Muhamad, who was 38 — only three years older than Genevieve — when she received the diagnosis, she experienced episodes of menstrual pain, back pain and vaginal bleeding which she thought was normal. However, when the pain became unbearable, she went to seek treatment at the hospital and was treated for appendicitis and ovarian abscess. There and then, one of her ovaries had to be removed.



She thought that that was the end of the symptoms, but no, the symptoms returned two years later, this time worse than the last, accompanied by constipation. After failing to relieve the pain by alternative medicine, she went to seek medical attention, and soon enough, she was told that a large cancerous growth was already compressing her rectum, causing her to be constipated. After a biopsy was taken, she was diagnosed with stage 3 cervical cancer.

Being a woman myself, I am often reminded to perform breast self-examination to screen for any breast abnormalities which may predispose to breast cancer.

On the contrary, advertisements and articles that remind women to come for Pap smear testing regularly are relatively little compared to breast examination. A study conducted in Malaysia has shown that 68.6% of women are unsure of when they should start coming for Pap smear testing, while 73.4% of these women do not know how often they should come for testing. More than half of the studied population were also unaware of common symptoms of cervical cancer such as abnormal vaginal discharge, intermenstrual bleeding, and pain during sex. They, however, are aware that sexual promiscuity and HIV infection can lead to cervical cancer, but only one-third of them is aware that human papillomavirus (HPV) infection is the main predisposing factor.

This is a worrying situation especially when cervical cancer is common in women, being the fourth commonest cancer in women globally, after breast, colorectal, and lung cancer. In our country specifically, it is the second commonest cancer among our women. The World Health Organization (WHO) in 2018 estimated around 570,000 cases of cervical cancer occurs worldwide every year. Out of this number, a total of 311,000 deaths were recorded each year. Survival rates vary according to stages: stage 1 cancer patients have a 5-year survival rate of 95%, while in stage 4 patients, their 5-year survival rate is 15%.



In simpler words, cervical cancer is the uncontrolled growth of cells in the cervix. Cervix is located at the lower part of the uterus (womb) and connects the uterus to the vagina. This uncontrolled cell growth can happen due to multiple factors, however, the main cause for cervical cancer is the human papillomavirus (HPV) infection. This is due to the cancer-causing property (oncogenicity) of the virus that increases in chronic, unresolved HPV infection. Other risk factors for cervical cancer include having multiple sexual partners, cigarette smoking, prolonged use of contraceptive pills, having many children, and also human immunodeficiency virus (HIV) infection.

Manifestations of cervical cancer usually present at a later stage, hence the importance of doing Pap smears regularly. One of the first manifestations is abnormal bleeding coming from the vagina. This bleeding commonly happens after sexual intercourse, in between menstrual periods, and in menopausal women. Apart from bleeding, abnormal vaginal discharge, vaginal discomfort or pain during sex, and pain during urination are also symptoms of cervical cancer.

Prevention is always better than cure, and it is always ideal to start prevention steps as early as possible. The primary step in the prevention of cervical cancer is HPV vaccination, which works to stimulate the host body's immune system to produce antibodies against the oncogenic HPV subtypes - HPV16 and HPV18, and other subtypes as well including 6, 11, 31, 33, 45, 52, and 58. It is important to understand that the vaccination does not cure existing cervical cancer; rather, it prevents the occurrence of cervical cancer.



Centers for Disease Control and Prevention (CDC) recommends the HPV vaccination to be administered to young children aged 11-12 years old, but it can already be given as early as age 9. For adolescents and adults aged 13 to 26 years who have not been previously vaccinated or who have not completed the vaccine series, catch-up vaccination is recommended.

The vaccine is not recommended for everyone over 26 years of age as most people have already been exposed to HPV through sexual intercourse by that age. In Malaysia, HPV vaccination is given to young girls at the age of 13 at their respective schools. They are given three doses of this vaccine within six months to ensure maximum efficacy and protection against the HPV virus. Malaysian women who did not receive their vaccinations during their early teenage years can opt to go to Nur Sejahtera clinics nearby to receive the vaccination free of charge. Otherwise, the HPV vaccine can be obtained at certain private clinics or hospitals.



For women who have engaged in sexual activity, Pap smear testing is recommended to be done once every three years. This test will involve the insertion of an instrument called the speculum into the vagina to collect samples of cells and mucus at the cervix region. These samples will then be sent to a laboratory for further examination and testing. Pap smear can also be done concurrently with an HPV test, in which only one sample will be taken and sent for both tests. The HPV test is recommended to be done once every 5 years. These tests can be done at any private clinic or hospital nationwide. Both HPV vaccination and Pap smear have been proven to be effective in reducing cases of cervical cancer.

Diagnosis of cancer, or also known as the big C, can be the downfall of some. If you or your loved ones have been diagnosed with cervical cancer, here are some key things that you will need to know.

1 In regards to the treatment of cervical cancer, it varies according to the stage of cancer. Some of the treatments that may be given include chemotherapy, radiotherapy, and surgery (hysterectomy). The treatment itself could significantly affect your lives hence it is essential to have a support system to get through this difficult time. Families and close friends play an important role to assist the patient's family by helping with household chores and caring for young children, as treatments can tire out the patient. For patients who undergo surgery, the patient needs to get enough rest and avoid heavy tasks for several weeks following the surgery to achieve full recovery.

2 Financial support for cancer treatment is widely available in Malaysia. In Malaysia, the Social Workers Unit in each hospital and the Malaysian National Cancer Council will aid patients in getting financial support for medical fees, depending on patients' socioeconomic status.

3 Emotional support is equally important in assisting a patient's recovery. Patients may feel unworthy and depressed due to the changes happening to their bodies due to cancer and its treatment. This is where spouses and family members can help in comforting the patient and soothing their concerns. If further assistance is needed, the patient or the family can inform the doctor to get a social worker to help boost the family's and the patient's morale.



Remember Genevieve and Faridah, from the first part of this article? Throughout their fight against the cancer cells in their body, they were both blessed with enormous support from family and friends who did countless things to help them pull through. The love and prayers from everyone were their pillars of strength and hence they pledge to spread the knowledge on cervical cancer to young ladies especially those who are mostly unaware of the symptoms and when to seek help. Both of them are still actively working with the National Cancer Society Malaysia (NCSM) to spread awareness of the disease.

If you are reading this, this is a wake-up call for all of us women to go for screening. Do not wait for symptoms to manifest. Cancer can happen to anyone, including us and our loved ones. Get screened now!

What cancer cannot do?

*CANCER IS SO LIMITED...
IT CANNOT CRIPPLE LOVE.
IT CANNOT SHATTER HOPE.
IT CANNOT CORRODE FAITH.
IT CANNOT DESTROY PEACE.
IT CANNOT KILL FRIENDSHIP(S).
IT CANNOT SUPPRESS MEMORIES.
IT CANNOT SILENCE COURAGE.
IT CANNOT INVADE THE SOUL
IT CANNOT STEAL ETERNAL LIFE.
IT CANNOT CONQUER THE SPIRIT.*

- UNKNOWN

ALL ABOUT HPV!

HPV is short for
Human
Papillomavirus

It is a double
stranded DNA
virus

Main route of
transmission is
via sexual
contact

More than 100
types have been
found, at least 14
types possess high
risk of causing
cancer

Commonest
viral infection
of
reproductive
tract

70% of cervical
cancer cases are
caused by HPV
16 and 18

Low risk types
(HPV 6 and 11)
can cause
genital warts

Usually clears up
within a few months,
up to 2 years. In a
small number of cases,
they persist and
progress to cervical
cancer.

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ARTICLE BY: RAUDHATUL SYAFIOAH BINTI KAMARUL RASHDAN
INTERVIEWED BY: ASYAHIRAH ARIFFIN

WOMEN IN POWER

With decade-old struggles for dominion and exploitation of authority pervading throughout societies worldwide, it is no wonder that the masses have adopted distorted ideas on the very idea of power. And if that was not enough, women all around the globe have been severely underrepresented in the power field for centuries. Malaysia is no stranger to this issue, with women taking up only 14.4% of seats in national parliaments as of 2020 (R. Hirschmann, 2020).

Thankfully, with increasing access to education and rising awareness on the prejudices against women, many have started calling out these warped ideas of command, and women are being granted more opportunities to lead. However, the perverse, seemingly anti-feminine ideas of power are undoubtedly still rampant in this day and age.

So, how are we to change these toxic mind-sets?

While one individual alone may not be enough to bring any change, we believe that every voice counts in moving us a step forward.

Therefore, Neocardia thought it would be a good idea to bring a fresh, more feminine perspective on what being a leader is. And who better to bring such a perspective than our beloved Deputy Dean of Academics?

Wait; did Neocardia actually secure an exclusive interview with our very own Prof. Dr Effat Omar in hopes of gaining a deeper insight on what it is like to be a “woman in power” and a leader in general?

Yes, yes we did.



Our Leading Lady's Backstory

Hometown : Besut, Terengganu

High School : MRSM Kuala Terengganu

University : Royal College of Surgeons, Ireland

Post-grad : Universiti Sains Malaysia (USM)

Father's occupation : Teacher

Mother's occupation : Housewife (and as Prof. describes, a homemaker)



What Makes A Leader

Clad in a ruby-red baju kurung and a pretty pink headscarf, Prof. Effat looked as lovely and, dare we say, as feminine as ever. Showing a gentle smile and eager, wise eyes, it was obvious that she had much to share.

In the beginning of this article, we commented on the dangerous, biased ideas of power that continuously permeate the public. When asked on what her own idea of power was, and what it was like being a “woman in power”, Prof. Effat had a very different answer in mind. **“I personally don’t believe that my current position is one of power,”** she expressed humbly. **“It’s a position of responsibility and accountability. I don’t think of myself as a leader, but as the member of the team with the most responsibility. Such a position comes with the duty to responsibly influence other people.”**



Prof. Effat proceeded to reveal a bit of a surprising fact about herself! “To be frank, I initially had no intention of becoming the Deputy Dean. I would have been satisfied with just teaching as a lecturer. **But a principle that I hold onto is that when I think it’s time for me to step up, then I will step up. If you feel like you’re ready to take up the responsibility, then go for it!**”

Speaking of Deputy Deans, you would have to live under a rock to not know that Prof. Effat is the previously the faculty's Deputy Dean of Academics, and currently the Dean.. But how did she manage to land such a position to begin with?

Well, her career ladder was anything but direct. “Slowly but surely” would be a much better way to describe it.

“I came to UiTM in 2007. At the time, there were many empty job positions. So of course, I volunteered to do those jobs! **When you volunteer, you’ll get to know many other people, and little by little, you’ll start gaining their trust. From here, the responsibilities will slowly start coming in.**”

Always remember your roots!

Prof. Effat believes that humility is the most important quality for a leader to have

Prof. Effat's desire to take on responsibilities is largely accredited to her not wanting to be left out. **"I love being involved,"** she stated.

"When you start working, you'll get burdened with tasks that nobody else wants to do. This isn't done to bully you, but to test you and see how much of a team player you really are. So don't take it personally but instead, accept the work given to you. You'll notice that after some time, your co-workers will start welcoming you as part of the team. It is then that you'll finally be able to negotiate with them."

While we could not emphasise more on the importance of gaining the trust of your co-workers, doing so can prove to be extremely difficult, especially as a leader. When asked how she managed to tackle this ordeal, Prof. Effat attributed her success to her appreciative tendencies towards her co-workers.

"I listen to them, and I'm open to disagreements. I trust them with and give them the freedom to run things."

With great power comes great responsibility....

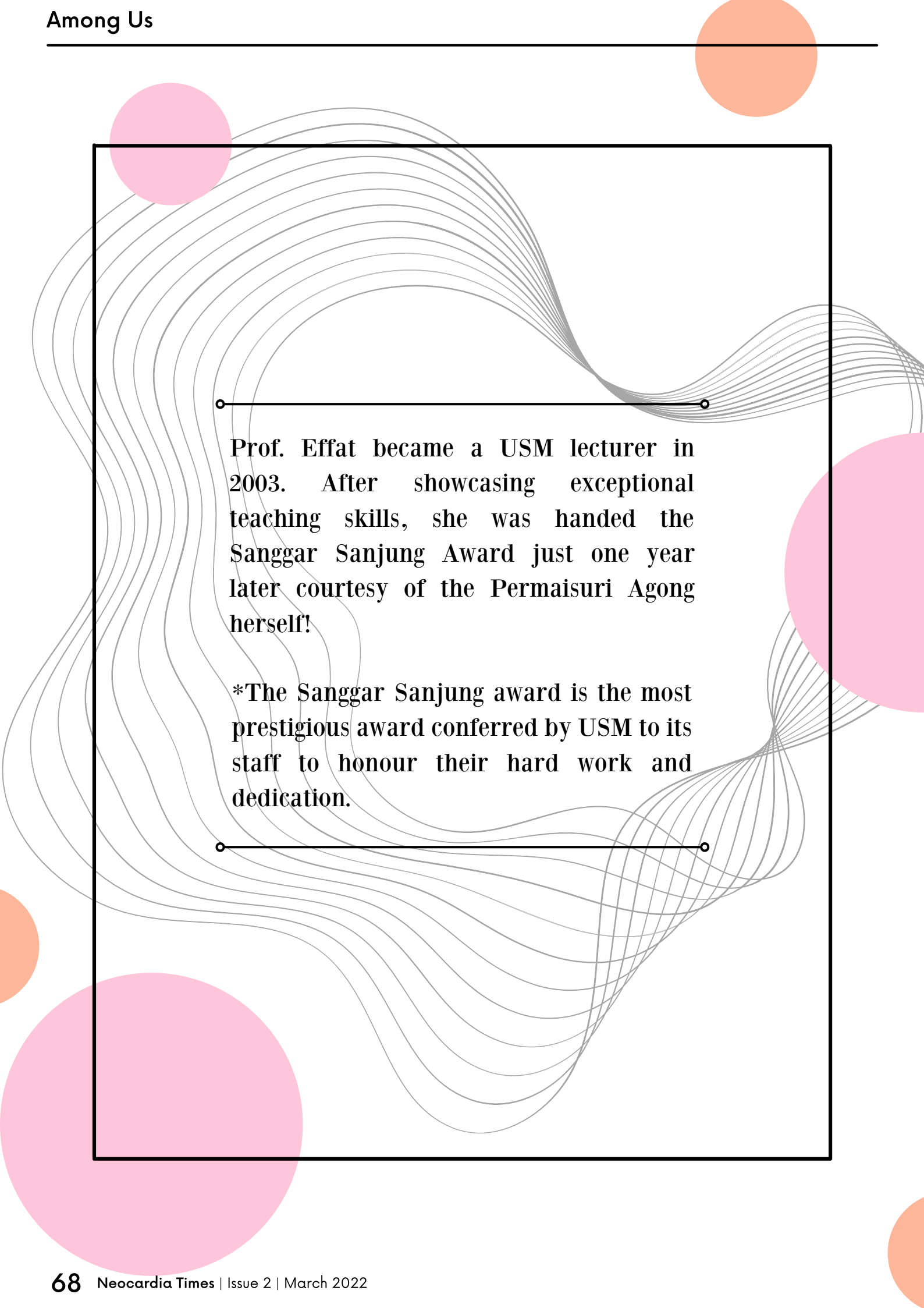
The most prominent barrier faced by Prof. Effat as a leader is getting people to look forward, and to share the same progressive mind-set to work together.

Oof. Disagreements. Be honest, who here actually likes being told that they are wrong? With constant demand for leaders to "make no mistakes", it is no surprise that many feel that they cannot afford to be opposed. However, is disaccord really all that bad? Prof. Effat certainly does not think so.



“Disagreements are healthy and nothing to be afraid of! Different perspectives can actually provide with you with the solutions you need. If everyone took your word with no objection, then you’d end up having to think of answers on

your own. Even if I disagree with their manner of doing things, they’ll be the ones carrying the task and owning complete responsibility, not me. However,” she stated firmly, “if their ideas are clearly wrong, then I will oppose them with data and proof.”



Prof. Effat became a USM lecturer in 2003. After showcasing exceptional teaching skills, she was handed the Sanggar Sanjung Award just one year later courtesy of the Permaisuri Agong herself!

*The Sanggar Sanjung award is the most prestigious award conferred by USM to its staff to honour their hard work and dedication.



From the golden nuggets she has given thus far, it is no wonder so many people look up to this inspirational lady. But whom does Prof. Effat herself hold in high regard?

As a Muslim, Prof. Effat chose the Prophet Muhammad S.A.W. as her biggest inspiration. And can we blame her? The Prophet S.A.W. was renowned for his unparalleled character and leadership. However, Prof. Effat also had another source of inspiration in mind.

“Have you ever been to Madinah? I went for Umrah back in 2019, and it was my first time there. There was a building under construction at the time that caught my eye. After asking around for details, I soon learnt that the owner of the building was none other than Saidina Othman bin Affan. And that amazed me.” Prof. Effat’s eyes gleamed with admiration.

“He died centuries ago, yet his heritage lives on. This is such a huge inspiration to me, being able to exist and bring benefit to people beyond your time. And this is what I want to do, if I’m lucky enough.”

While we cannot predict the future, we can say that Prof. Effat will most certainly live in our hearts forever.



Al-Ghani (The Generous)

Saidina Uthman bin Affan was a close companion of the Prophet Muhammad S.A.W., and the third Caliph of the Khulafa Rashidun.

During his lifetime, he also built a well to supply water to desert habitants, and was a businessman who donated all his property.

Who Runs The World?

For centuries, women have continuously been benched from holding chief positions. This is largely due to the impression that feminine qualities, such as gentleness, sensitivity and nurturance, are unfitted for standings of authority. But what if we told you that these very qualities are what allowed women to conquer an entire field of profession? Let us allow Prof. Effat to do the explaining.

“As a teacher, I’ll speak to you frankly. If you look into the medical profession and student demographics, you’ll notice that women make up 70% of the composition. Believe it or not, we’ve had this demographic for over 10 years. So, what does this imply?” she paused momentarily, showing an amused smile, “It means that the medical profession belongs to women. All you girls will be the bosses in the future, not the boys!” she laughed.

Then, as if seemingly going off on a tangent, Prof. Effat asked the following question: “Have you watched the Star Wars sequel trilogy?”

Seeing us get caught a little off guard, Prof. Effat cracked a knowing smile before continuing. “There was this scene where the main character Rey crossed swords with the antagonist, Kylo Ren. She displayed tremendous brawn in that fight, to the point that she was physically on par with Kylo. This was something I found very unrealistic,” she remarked.

“You’re going to think this is silly, but I’ll say it anyway. When you’re a woman, never think that you’re a man. Don’t think that you can act like a man and do the things they can do. **In real life, most women aren’t that physically strong, which is completely okay! Us women have so many other qualities to utilise.** We have our intellect, persuasive skills, sweetness and feminine charm that we can fully use to our advantage – they call it girl power for a reason!”

Prof. Effat believed that these “girl powers” were what she brought to the workplace, and encouraged both female students and lecturers alike to utilise them as much as possible. No arguments here. Nothing like a bit of a feminine touch to spruce things up!

Blood is thicker

"Anyone can replace my position as Deputy Dean or Dean, but no one can replace my role as a mother to my children"

Thanks to the flexible working hours that come with being a pathologist, Prof. Effat found it relatively easy to balance life between work and family. However, her family will always be her utmost priority.



For The Students

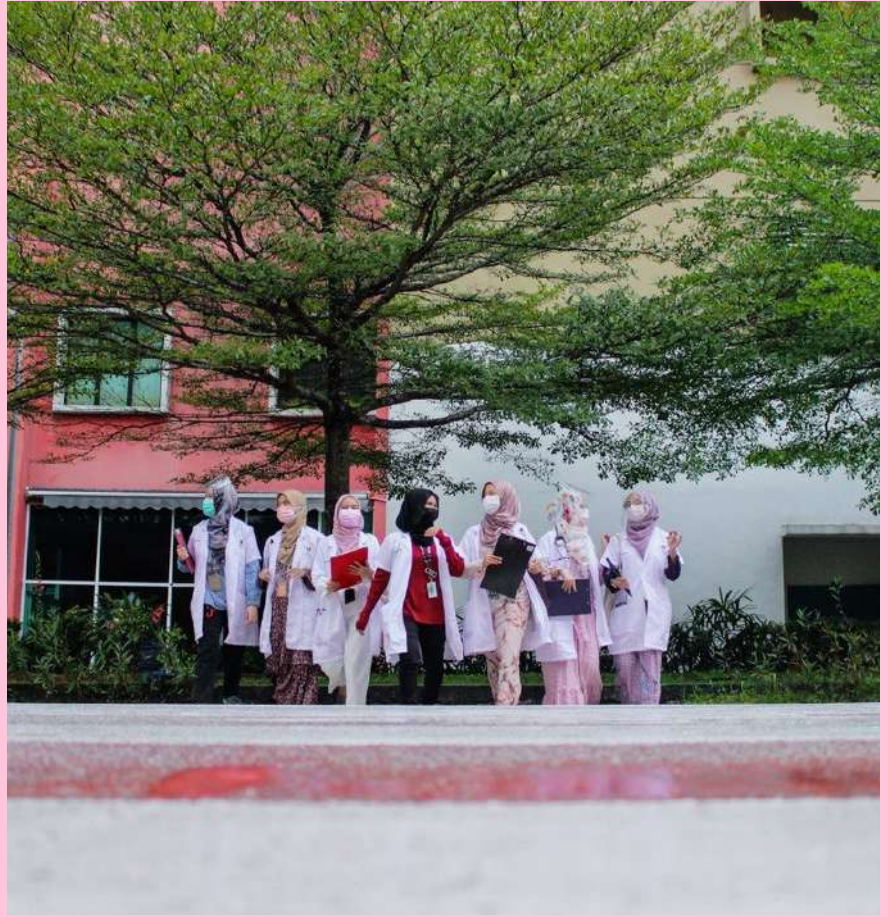
As students, we tend to think that the people we look up to have always had everything figured out. However, this could not be farther from the truth, and Prof. Effat further struck down these falsehoods.

“I don’t know about you, but back when I was young, I had no idea what I’d be in the future,” she chuckled. **“All I knew was that I had to work hard as if I did so, then things would work out eventually.”**

She owed her perseverance to her belief that her current phase of life is a period of preparation for the next phase.

For someone so persevering and sensible, you would think that insecurities would be the last problem on Prof. Effat’s list. Yet our leading lady continues to surprise us.

“I doubt myself a lot. I doubted myself yesterday, and I’m sure I’ll doubt myself tomorrow too. And I think of quitting almost all the time,” she stated sheepishly. **“So what keeps me going? Well, I made a promise to take up the responsibility. When things get rough, it’s just not fair to quit and hope for someone else to clean up the mess.”**





Speaking of phases....

She has enjoyed each and every phase of her life. But Prof. Effat considers her current phase to be the best. She enjoys being 50!

“Another thing that keeps me going is you – the students. You guys are my motivation. I see many of you going through so many hardships, and I can’t help but admire how brave you are.” By the time she finished her sentence, her eyes were already brimming with tears

Prof. Effat is eminent for her motherly and soft-spoken nature. It is evident that she cares a great deal about the people around her. Maybe that is why she expressed that, as a leader, changing the mind-sets of students and lecturers has been her greatest challenge yet. When asked to elaborate on what she meant by “changing mind-sets”, this was what she had to say.

“I want my students and co-workers to realise that they’re valuable and important to the medical community, that they can go global and work anywhere in the world. I want everyone who goes to UiTM to be proud that they’re a part of this university. And when they graduate, I want them to be known by everyone and sought after.”

*“When dealing with students, the most troubling barrier is getting them to appreciate themselves. So many of you guys have no idea just how valuable you are. You tend to think that you’re not as good or as gifted as others. That’s a mind-set that I want to eliminate from my students’ minds. **Everybody is equal, no one lesser than the other. Without you, things will never be as good as they are with you.**”*



The Greatest Award

Prof. Effat expressed that the most rewarding thing about her position is when her students come back to visit her and tell her about their achievements



Following a quotation of the 5th verse of the Holy Quran's Surah Al-Inshirah, Prof. Effat asked us to deliver this heartfelt message from her to the students.

فَإِنَّ مَعَ الْعُسْرِ يُسْرًا ﴿٥﴾

So, surely with hardship comes ease (94:5)

"My dear students. Whatever year you're in now, that's the year that you should focus on and gain as much as you can for the future. Whatever it is you're going through, you will make it through and come out as a better person. Always keep in mind that you're so much stronger than you think."



Neocardia raises a glass to all the struggling students out there.

While there is still much more work to be done in weeding out the malignant notions of captaincy, Neocardia believes that we can make the seemingly impossible possible. We, the students, are the future. Change is just within arm's reach. But the kind of change we make depends on our ethos. If we could all embrace Prof. Effat's rosy mentality on what embodies a leader, maybe then will we be able to bring to light a more honourable outlook on power.

Before we conclude this article, we would like to share one final piece of enlightenment from our woman in power.

“Always empower people and never put others down. When you empower people to the point that they don’t need you anymore, that’s when you know you’ve succeeded as a leader. That is the true meaning of power.”



Women Safety

Article by: Siti Az Zahra



Women Safety

Article by: Siti Az Zahra

Picture this, you wake up one day and your cellphone buzzes with nonstop notifications alerting you that a girl you knew had been attacked and sexually assaulted on the LRT. You are overcome by this subtle gut-wrenching feeling from hearing this story, however, it does not come as a shock to you. As unfortunate as it sounds, you've heard this story one too many times, from hundreds if not thousands of women.

Women have always been biologically vulnerable creatures and therefore have always needed a higher range of security. Dating all the way back to the 1800's, women were often oppressed than kept safe. Thus, depicts how protecting the sanctity of women was never really a priority back then. Fast forward to the 21st century, the safety of women has definitely appeared much regularly in conversations. However, the question still stands, is this subject of the matter receiving adequate attention, reaction and action that they are supposed to get?

Before that question can be answered, how does one even start to define women's safety? What are we keeping women safe from exactly? The answer to both of those questions is basically by protecting the well-being of women according to categories which includes but is not limited to providing shelters such as safe havens for homeless women, taking care of women's hygiene by helping them gain easy access to proper sanitation and sanitary products, in terms of finance, providing financial aid to single mothers, enabling women to be emotionally vulnerable to freely express their concerns and vent about their problems and protecting women from violence involving domestic abuse. Otherwise, safer in all aspects of life!

Now when concerning women's safety, it is hard not to correlate it with women's rights as these two are very much in the same context. As said earlier before, women are vulnerable beings, and they need as much protection and security they can get. Regarding this matter, a few policies have been implemented in order to protect and

honor women's safety. On the contrary, it is believed that these policies are only carried to a certain *extent* and could definitely be improved and worked on. Since the theme of women's safety is very broad, this article has been divided into three major sections

upholding the prevalent parts of *what's to be said* of this topic. These subtopics include sex education, sexual assault and rape awareness as well as *pre-existing male privilege* and how they can become better allies to women.

Sexual Education

Until pretty recently, it was quite uncommon for sexual education to be talked about so freely and in depth among our society. Most people find it uncomfortable to be conversing about it in a formal setting nevertheless an informal one. This proves to show how taboo of a subject sexual education has been and frankly, still is. The difference of opinions whether sexual education is actually helpful and beneficial towards the community -especially our youth- or if it is categorized as one of the main contributors leading to curiosity and sexual experimentation, is definitely one of the reasons it is labelled as a controversial matter up to date. It also answers the question to how seriously we take the discussion of sexual education in our country.



Regardless of the countless opinions people have on this topic, it is undeniable to say that the actual objective of sexual education is mainly to reduce sexual-related problems by acknowledging what it is and learning the numerous impact that can come from it. It is important to note that the subject matter of sex, sexuality and sexual health all falls under the fundamental teachings of sexual education and is crucial to be acknowledged. Comprehensive teachings of sexual education comprise topics concerning puberty, pregnancy and reproduction, sexual transmitted diseases, the various methods of contraception, sexual orientation and sexuality in media as well as sexual behavior in choices like abstinence -sex before marriage.

Sexual education is usually emphasized towards those going through the phase of adolescence. This is usually the perfect time to start introducing sexual education into their lives as they are still trying to figure out and learn new things. As previously mentioned, sexual education is not taken as seriously as it should in Malaysia which can be further proven by the fact that there are no subjects set aside specifically for this topic. Sexual education is mainly incorporated in a few subjects being Science, Islamic Studies and Physical and Health education. It may seem that by including bits of information into these core subjects, it would be enough. Although in reality, the fact that it is not being fully covered as a whole could further lead up to the build-in curiosity among adolescence regarding sexual topics along with taking matter into their own hands. *Therefore, this shows how their curiosity should not be blamed on the education itself but rather the shortcomings of it.*

It is also crucial to take note that the mode and method of how sexual education is being delivered is something to seriously ponder upon as it may affect how adolescence absorb and make use of the information learned. These teachings should come in phases according to the individual's age and maturity. On a further note, it should also be conveyed in a much respectful and rational manner by someone who is absolutely qualified of delivering these lessons. Everything should be taken into consideration when talking about sexual education as it is a very sensitive and personal subject and should be treated mindfully. In contradiction to that, there are serious implications of what limited knowledge of sex education can do to an individual. The lack of sexual education has obviously led to common sexual-related problems in society for instance sexually transmitted diseases, unplanned pregnancies among teens together with unsafe methods of abortions.



Sexual Assault and Rape Awareness

According to the Women's Aid Organization, starting from the year 2000 up till the year 2017, there has been an increase, followed up closely by a decrease in rape cases in Malaysia throughout the years mentioned. This could mean that our country's legislation has constantly been reformed and reenacted in order to improve the situation of the case and that awareness concerning rape and sexual assaults has been more effective resulting in the subsiding cases since 2010. However so, the decrease in cases still happens to affect thousands of women not to mention a number of men as well. Before diving into the awareness of rape and sexual assault, it is compulsory to figure out what surely defines rape.

As claimed by sections 375 and 376 of the Malaysian Penal Code, rape is defined as an unlawful sexual intercourse between a man and a woman without the consent of the woman (Abdullah, Nur Aina & Haneed, Sayed Sikandar Shah, 2017). There is a long list of the types of rape cases at hand, even so, the most common type of rape cases in Malaysia would be statutory rape -sex with a girl below 16 years old with or without her consent, non-statutory rape and it'd be oblivious to not include incestuous rape as well. Whereas, when speaking of sexual assault, it often relates to molestation that usually refers to being touched in a sexual manner -usually at the person's private parts, without a person's consent. Sexual assault itself is very extensive and might easily lead to rape one way or another.

Consequently, sexual assault and rape is deemed as a cross of boundaries of the victim's personal space particularly, their body. Experiencing rape or sexual assault is capable enough of destroying

the victim's life as it is customary to hear how strongly and badly it can impact the victim physically, psychologically, and emotionally. As scary as it is during the occurrence of being molested or raped, the aftermath of it is just enough to completely traumatize a person for life.

According to the World Health Organization (WHO), any sort of sexual violence is prone to lead victims to develop mental disorders such as depression and anxiety as well as eating disorders, insomnia and experiencing suicidal tendencies. In addition to that, it can even damage the victim's physical health by causing complications. A rape or sexual assault victim may be traumatized to the point of isolation and may live in fear for the rest of their lives. Not to mention the stress and pressure the victims have to endure due to the fact that victim-shaming and victim-blaming is still very much prominent in today's society. *The humiliation and the stigma due to the fear of the rapist or molester, fear of society's views of not being believed in or even the fact that the victim is trying to uphold the family's "reputation" is enough to prevent the victims from speaking up.* Hence, caring for the victims of sexual assault and rape with outmost consideration and sensitivity is with no doubt essential.



Providing free counselling services for victims

Community involvement; advising people to be more observant and aware of their surroundings (acknowledging and confronting potential rape scenes)

Many universities are also starting programs to provide escorts for women when walking home alone or at night

Social/community responsibility

Social media has allowed a platform for rape to be taken more seriously and rape awareness to be spread more efficiently among both women and men.

It allows the drawing of attention to rape cases (signs of potential rape scenarios/rapist, preventive measures, strict enforcement of rules and regulations) in order to further spread awareness.

Giving a voice or the opportunity for rape and sexual assaulted victims to have a platform to talk about their experience if they're willing to which may further help future prevent of it happening to anyone else

The media/press is responsible for ideally delivering the victim's story with the outmost respect to the victim and his or her family while ensuring a message is there to be conveyed

Media / internet

SEXUAL ASSAULT AND RAPE AWARENESS

Education

The tattletale signs to look for in order to avoid from getting into situations of rape should be circulated

Teaching basic self-defense acts to female students

Having a seminar or a talk about rape prevention among male and female students

Self-protection (physical defense and pepper spray etc.)

Learning defense methods by promoting self-defense classes for girls and women and making it compulsory

Providing pepper spray and portable alarms for women to carry around everywhere they go

Providing tips and tricks of avoiding scenarios leading to potential rape events

Embarking into the stage of sexual assault and rape awareness, there are so many courses of action involving different groups of people that can be done in order to shine a light on the very importance of awareness.

Furthermore, it is also vital that we discuss

about the aftermath and prevention efforts of what should be done after rape and sexual assault cases to further ensure that every girl or women is aware of it in case it happens to them or someone they know. The aftermath of rape and sexual assault is summarized in the table below.

WHAT SHOULD A PERSON DO AFTER GETTING SEXUAL ASSAULT OR GETTING ASSAULTED OR RAPED

According to medical and law, it is strongly recommended that the victim do not clean after themselves after the incident as to avoid getting rid of medical evidence.

Hospitals (private or public) should be the first place to come to victim's minds when tragedy strikes'. This is because hospitals are readily trained to provide clinical management of rape and survivor-centred communication which also applies for sexual assault cases.

According to the one stop crisis center (OSCC), there are a list protocols when handling a rape or sexual assault victim and it starts off with clinical management of the victim, followed by follow up and rehabilitation.

As far as hospital management goes, it is the responsibility of the emergency and trauma department to do the history taking, physical examination, stabilization and treatment of the patient. The police are also involved and present to file reports regarding the rape case.

Depending on the case, the victim at times will be referred to a respective department for follow up, may it be the obgyn department pediatric department or in hands of a medical social worker or psychiatry (taking into consideration of pregnancy or sodomy which will require the surgery department).

The last step would be rehabilitation where the social welfare department, court diversion, counseling/ therapy team or further hospital admission would be decided according to the victim's condition.

Accesible clinical care for sexual assault is similar to the aftermath of rape which includes clinical management, police report, full medical report, treatment, collection of forensic samples and a follow up of the victim in the hospital.

The crippling double standards that exist between the genders are very much prevalent and as good as fighting for equality sounds, the alternative way of looking at this would be by holding men accountable and by making use of their very privilege to help women. Instead of excluding and disregarding men out of the equation, women must include them in order to solve the problem. Women must keep in mind that men have the upper hand in a lot of things and as biased as it sounds, is the reality of the

matter. Thus, men should play the very role in making sure women get to maintain their security and privacy. As an example, every woman must realize that they're prone to be subjected to rape and any form of sexual harassment anywhere, whereas men must too realize what accounts for rape and sexual harassment and how they play a responsibility in stopping it when such situation occurs. *Hence it is safe to say that women safety should be an initiative taken by women along with men.*

POSSIBLE WAYS MEN CAN ASSIST AND BE ALLIES TO WOMEN BY USING THEIR PRIVILEGE

-Listening and understanding women without mansplaining or trying to prove themselves better.

-Respect women's space and boundaries by taking into regards when women don't feel safe or uncomfortable around them. This includes keeping a safe distance when walking around them, not running up from behind them and keeping your hands to yourself

-Offering their acquaintance when needed namely when a woman has to walk home by herself or walk in a suspicious setting.

-Get rid of gender biasness and not tolerate any form of sexism especially in the workplace.

-Intervene when they can. For instance, if they hear conversations degrading women or objectifying women, then men should stop it and take a stand. It can also be applied when a man observes a woman being assaulted, he should be an active bystander and confront the matter or the safer way would be to call the police and report the incident.

-Most importantly, we must take note that the behavior of men would always follow up from what they absorbed during their childhood. Thus, even at a younger age, their parents specifically their fathers should be in charge to teach their sons about respecting women and as the saying goes in Islam, enjoining the good and forbidding the wrong.

It is important to take note that if you happen to stumble upon a rape victim, the procedures should be the same. ***It is vital to take the sexual assault and especially the rape victim to the nearest hospital possible or to call the ambulance or police straight away.*** If you or someone you know are a bit confused and foggy on what to do after this sort of thing happens - as it can be traumatizing, there are contact

hotlines always available to give comfort and reassurances on what to do. ***For instance, there are government-based hotlines like Talian Kasih and even NGO-funded hotlines such as the Women's Aid Organization (WAO), All Women's Action Society (AWAM) and Women's Centre for Change (WCC) who are always ready to facilitate on helping a woman in need.***

Male Privilege and Men as Allies to Women

This brings us to the last and least frequently talked about matter in the issue of Women's Safety which is in regard to men being undeniably more privileged than women. How so may you ask? Well for starters, we have the patriarchy handed down by past generations which devotes male supremacy and masculinity in the first place. Men are often times given such control or power undeservingly and the only justification given to this would simply be because they are, men. In the contemporary era, it is without question that women and men both realize and acknowledge the fact that women have to be more cautious, secure, readily prepared with any plausible situations and having to live their life in fear when walking into the world as compared to men who are more carefree and nonchalant.

Following the recent case that occurred back in March which caused a wave of concerns among women all over the world is the case of Sarah Everard, a 33-year-old woman who went missing and later on found dead a few days later in London after being kidnapped and brutally murdered by a male police officer. Ever since, women safety has been more worrying than ever resulting in women from not only the

United Kingdom but across the globe to voice and share their experiences of the fear they have endured from being a woman and the unjustifiable prejudice acts towards them. That being said, there have been an uproar by many wanting new changes for women with not only policy changes and reformation but rather actual action finally being taken for their sake.

Now, you might be wondering how women's safety involves men so let's recap the fact that Sarah Everard was murdered by a MALE police officer and at the beginning of the article where it was mentioned that the individual was sexually assaulted in a public setting. Putting two of those together, we can clearly see how women continually has to be the one to suffer on a daily basis regardless of where she is, especially in the presence of men. Conversely, it proves how women can get sexually harassed at work or in public, how they are not able to walk by themselves without protection or an ally, the glare and the catcalling they have to endure and many of this are directly linked towards men being the main perpetrator in the story. As troubling and unfair as it sounds, it is indeed a norm and somehow women are subjected to tolerate such behavior.

Men should know to not condone to any form of sexual harassment, sexual assault or rape, but instead acknowledge it, confront potential scenes that might hurt the woman in any way and simply to help when they can and when it is needed.

It has been said before and it should be said over again, women's safety should be a number one priority as it is very much apparent to society today and counts for many crimes and social issues going on. ***It does not take one person or a group to ensure the security and vulnerability of women but rather everyone is accounted for without regards.*** The government, law & policies maker, police and security, community, families, men and women all play a role in ensuring women's safety. It is crucial that everyone is educated and kept up with women affairs to ensure there is no inviolability towards them.

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A WHOLE NEW WORLD AS A FEMALE HOUSE OFFICER

Article by: Wan Nur Alifah Ilyana & Siti Az Zahra

It is disorienting, isn't it? To know that by this time, in two, three or four years - you would be experiencing the **real hospital environment** - where you would have an actual *important* role to fulfill, instead of just learning in the lecture halls or just following your lecturer around the wards.

Nope, it's all going to be **different** then -

*Patient's lives are in your **presumed** 'incapable' hands.*

*Your **senior's** trust for you to fulfill the responsibilities given.*

*The other health personnel's **expectations** for you to lead as the physician.*

But you know what's comforting?

We are all going to experience the same thing.
(Give or Take)

So let's gently get to know what all these years of studying are gearing us up for.

(Other than the obvious. Read: A safe doctor.)

Neocardia has invited two well-known alumni of our faculty - Dr. Syahirah Alias (more popularly known as Syera) and Dr. Sarah Salim, a fresh house officer and a newly minted medical officer, respectively.

Needless to say, we would have very different perspectives from these two ladies as Dr. Syahirah is currently still in her housemanship period; meanwhile, Dr. Sarah Salim has graduated from that part of her career!

This article will present the general circumstance for our future endeavours (*Probably not the whole picture, as these are just two individuals, and **not** the entire population of house officers in Malaysia!*).



Dr Sarah



Dr Syahirah

To begin - perhaps we are presumptuous, **but it is almost impossible not to wonder what to prepare** for the whole she-bang.

After all, most of us won't want to be completely clueless on the first day.

But too much cluelessness might not make the best first impression on your bosses, and would be similar to diving into a shark pool.



So what did these two brilliant ladies do before getting into the crossfire?

They studied.

(It is kind of obvious, at this point. We're medical students - it's all we can't help but do if we want to survive in this school. This fact remains to be truth even when we are working. It's the 'forever a learner' thing.)

Dr. Syahirah mentioned how she wished she had understood and memorised every topic since Day 1 of Medschool *(but don't we all? No matter how implausible it sounds)*.

However, she had a **few sessions of a study group to recap on the common diseases** with her friends before she got into the fray.

She explained that knowing a disease inside-out would help with explanations to patients (because that's your job!) and it helps with your confidence as well.

After all, as **Terry Goodkind** has said - **'Knowledge is a weapon. I intend to be formidably armed'**, and in this case, it is an absolute self-esteem booster to know what is going on around you instead of just *'getting it'* at that moment.

"UiTM has an amazing syllabus for medical students, as long as you cover the topics in lectures and other teaching sessions. Concentrate more on the bedside teachings. I wish I spent more time in the wards, in the hospital, watching youtube videos of case presentations and so on."

- Dr. Syahira Alias

As for Dr. Sarah, she studied as well!

“A senior who was close to me back in med school had told me to concentrate on studying for exams. As part of the UiTM medical school exams, patients are brought over to the examination center and you are examined based on real life medical scenarios.

The key was to concentrate during bedside and practical teaching sessions, as they highlight common conditions and red flags which are extremely important to catch and cannot be missed once you start working as a house officer

Being a safe doctor is the only option you have

Remember rule number one guys, nonmaleficence (do no harm). I had very encouraging parents and superiors who were always guiding me through, which helped a lot

Lastly, she told me it wasn't going to be very easy but with the right mindset and effort it shouldn't be a problem. My senior was amazing.”

- Dr. Sarah Salim.

The night before her first day was an intimate session with Acute Coronary Syndrome, Myocardial Infarction, ECGs, Diabetes CPG, etc.

(Context : Internal Medicine is a bustling ward with the highest prevalent diseases admitted daily.)

So this brings to **their First Day**. How was it for them?

As we all know - both ladies put in the work to be ready for the inevitable First Day.

Dr. Sarah was ecstatic.

The first day of her dream job was finally here, and she was dying to see her patients, listen to them and treat them.



She was ready, felt super optimistic about the whole experience, and perhaps a tad bit nervous because she doesn't know where everything is (Which is normal!) but as days went by it got better, and more comfortable to be in her new workspace.

By the end of her first posting, she completed her logbook, her paperwork. Leaving the posting feeling satisfied with what she has accomplished as well as what knowledge she has accumulated.

Dr. Sarah declared she enjoyed the medical department so much that she didn't take any days off!

Information dump : There were 8 - 9 off-days for each posting!

But even if she have shared that she had enjoyed the whole thing, she does have a little reminder for us all :

"You cannot and should not attend work on your first day without preparing. Expecting to be spoon-fed is unacceptable.

The night before my first day at work, I read up a bit about basic medical skills! Inserting intravenous lines, interpreting crucial ECGS, and common medical conditions such as tachycardia, hypoglycemia, etc.

My first department was internal medicine, and just to let you know - 'HKL' physicians are lovely!

They are very patient with new house officers and are always ready to teach. I enjoyed my first day at work as a house officer as I started the day with a positive mindset with preparations for it.

All the years spent studying trying to chase my dreams had finally led to my first day at work as a doctor!"

- Dr Sarah Salim

True to her senior's advice, Dr. Sarah kept a very positive mindset throughout her housemanship. (Which is something we should we should all try to nurture from now on!)

For Dr. Syahirah, she had received different advice - "You don't need to 'student' a lot, you just need to follow the flow of the hospital and be familiar with the system to get through your rotations."

Another piece of advice given to her was **to recap her studies from Med School**. Claiming it would help her adapt when something unexpected happens, preventing her from becoming a live robot in the hospital setting.

And an advice Dr. Syahirah wants to give to us - ***"If you have doubts, then please ask because if you do the work incorrectly, that would be three times worse for you. So just ask, it's safer that way,"*** she laughed as she said this.

For her first posting, she had gotten pediatrics (a department she loved since her student years). She was elated but also nerve-wrecked.

On her first day, she explained that **she did a lot of OBSERVATION**.

She took note on how the doctors reviewed the patients and how they presented to the Medical Officers.

Admittedly, she said that ***it was pretty overwhelming***, and there were feelings of incompetence when you stood next to the MOs, the specialists, and her colleagues.

However, she said, ***"But I got through it by reminding myself that the only person who I must compete with is myself. I have to be a better version of myself tomorrow, compared to today and yesterday. Always try to improve day by day."***

Dr. Syahirah also shared a bit about her first week in the hospital. To summarise - it was exhausting as it was a ***Tagging Period****.

After the tagging period, a regular workday finishes at 7PM and recaps 2-3 topics before her head delves into the dream world.



Throughout Dr. Syahirah's first posting, she has always tried to act confident and volunteered to be the first - to make a good impression towards the medical officers (MO).

But that is not all that she did!

When she does not know about a case in the ward, she will ask questions via a discussion. (Subtly, of course! And Understandably so! We'd do the same.)

Moreover, she was also willing to help out MOs when she could!

Up till the last day, the nerves of working as a house-officer never truly eased.

"It's normal!" she warmly explained, **"Everyone is like that."**

She ended her posting on a positive note as well - by doing well on her exams! **(Yes, we would still have exams after Med School! But more on that later)**

***Information Feed :**

The first 2 weeks (or more) is called a Tagging Period for new house officers in HKL. **(A complete 7 AM - 10PM schedule).**

It is a **learning period**. A session to learn the system, the job scopes, and the time management skills needed.

During this period, newbies will not have complete responsibility for their work.

They will be learning via shadowing their seniors as they teach and guide them through the system. After you finish tagging, you will have to go through an assessment. Once they decide that you are safe to work on your own - they'll put you into the schedule to work independently.

(Confidence, Good Impressions, Discussions, and Help MOs, noted!)

Dr. Syahirah also expressed some moments that made you think the effort you put in is worth it - ***“It was the best feeling when they asked you for your opinion on a matter - you feel very appreciated,”*** Dr Syahirah reminisced.

So, if you want to be acknowledged - put in the effort to get there! - Neocardia

The hospital system is not a bunch of machines - but humans who have to work day and night to keep the system working and the patients safe from their own illness.

WHAT TYPE OF ENVIROMENT WOULD THAT BE?

Our two interviewees explained that it was a **tough** environment. However, that does not mean that every person in the system is brutal.

Dr. Syahirah shared that her environment has been supportive so far into her housemanship - their nurses were very doting to ask them if they have eaten, reminding them to do so, and bringing them food when they haven't.

She also shared that she was lucky to be in such an environment because we know it's not the same for everyone.

Dr. Sarah gave a more overall outlook on the aspect, as she had already graduated from that period.

“I truly believe in fighting for your rights and I guess I enjoyed housemanship a lot because I used to stand up for myself a lot as well!”

- Dr. Sarah Salim



For instance, she mentioned several things that we could take note of and mentally absorb as our preparation for the upcoming reality.

- As a junior officer, **you would get thrown around** by senior at least once or twice during housemanship period.
- **If you do get picked on** - there's always a proper channel to sort things out.
 - **Your choices are :**
 - Discuss with your colleagues in a problem-solving manner, or
 - Take it to the superiors if necessary. (Specialist, HOD, etc.)
- You will always have to face the consequences if you do something unethical or determined to your patient(s).
- **During your first few weeks as a house officer, you would probably not get to pick your preferred off-days** or tailor your schedule according to your liking.
 - If you need **a specific day off** for any importance, you can always inform your Team Leader for priority.
 - **If they decline** to grant your request for an illogical reason, then up the ladder you go :
 - **Discuss with the specialist (Penyelaras Jabatan)** in charge of your schedule.

WITHIN THE SAME TOPIC, we have also tried to elicit some more sensitive bits about the hospital environment. After all - we had reasons to call upon two female doctors to this interview!



WAS THERE ANY GENDER DISCRIMINATION OR SEXUAL HARASSMENT?

Discrimination and harassment are prevalent anytime and everywhere. On so many different bases. (Gender, race, status quo, etc.) **Like evil, it knows no rest!**

So we could not help but wonder, was there any in the hospital environment?

According to Dr. Syahirah and Dr. Sarah, they have **never experienced it on their own**. However, Dr. Syahirah mentioned that her **peers have experienced gender discrimination**, and she has seen it happened - although it is rare.

Both male and female colleagues of hers have shared some stories.

She explained there were **tiny negligible differences** of treatment **towards the opposite gender**. For example (**Gender Discrimination**), the scoldings from an MO towards the same gender colleague is slightly harsher than the scolding towards the opposite gender. And there was of course, the obstetric and gynaecology ward patients who would prefer female doctors over male, any day.

“The medical field is more open-minded and welcoming. There is not much gender bias at all. No matter the gender, if you’re good at your job - they will notice, If you are good, you’re good”

- Dr. Sarah Salim

“it is simply rare. By the end of the day, it is nothing of note. All of us still have a lot of work to do.”

- Dr. Syahirah Elias

BUT IF THERE WERE ISSUES, HOW CAN WE HANDLE THEM?

Every department in the hospital has a ‘penyelaras’ for the house-officers, a specialist-in-charge. They work very closely with you, and always in touch. So if you have any issues or difficulties, they’re always very welcoming. You can talk to them and discuss it. They will come out with a fair solution and make sure that things run as they should.



AT THIS POINT, we have evidence to believe that hard work won’t lie, **especially** to the people around us (whether it is the patients, the medical officers or your healthcare team).

Our two doctors seemed to have flourished well in their first posting; Therefore, we hope for the same for the rest of us! -Neocardia

Nevertheless, there are scary bits in the hospital that we will have to go through - the responsibility, high pressure, and large workloads. (We have not even touched the working hours.)

How did these two amazing ladies manage, especially at the beginning of their medical careers?

It can’t be easy. (Even if there was never a low or easy expectation from a profession made out of saving lives.)

SO WHAT KEEPS THESE GIRLS... SANE?

(To put it mildly.)

There were no apparent reward systems for these ladies! (Unless it is the norm - music therapy, a nice dinner or shopping spree - a good shopping always puts us in a good mood, yes?)

However, both of them have the same main component - solid support system and venting as a coping mechanism, to their close loved ones and even just anybody, in Dr. Syahirah’s case - “Even if they don’t know what you’re talking about, just talk to them about it!”

Dr Syahirah shared that ***she gave herself time to learn and improve at her own pace*** because she always carried the principle of being a better person day by day. In short, she always tries to improve herself daily. **Through that self-motivation - she gets through her posting.**

Know yourself and your little habits. Function the way you know you can, and adapt when you have to! - Neocardia

Throughout this interview, it may sound like housemanship could be all fun, positive, and pleasant. Even so, the reality is this apprenticeship comes with a lot of effort and self-reflection.

You go to work, do things in a certain way and realize that there is room for a lot of improvement.

*You get better day by day.
You learn more from each patient you treat.*

*Don't be very calculative with time. If you need to stay for an additional hour or two to learn, do it. Stay back.
- Dr. Sarah Salim*

It's not going to be easy, but being a safe doctor shouldn't be easy anyway! We are all here to struggle. - Neocardia

Our physical health matters just as much as our mental health! So we need answers! Both doctors gave the same consensus - **it was hard to keep a healthy diet.** It was something they both wished to be more compliant with within their lives. **Why is this so?** Later on, you do not have time to prepare your meals. In addition, there are not many options in terms of healthy choices available in the cafeteria..

But that does not mean you shouldn't make efforts to try!

“Tip; Have a proper meal before work. You never know when your next break will be. After all, you might have a scheduled OT that could last for 12 hours.” - Dr. Sarah Salim

A meal should be a mandatory rule for a house officer! Not just a snack, a proper meal. (Including coffee in the morning, like a sane person, we concur!)
- Neocardia

WHAT DO OUR TWO DOCTORS DO TO TAKE CARE OF THEMSELVES?

(Especially in the midst of such a time consuming practice)

“I am not the type to sit down and do nothing. I am very fidgety. I believe in practicing an active and healthy lifestyle, and even with the packed schedule - I eventually managed to get used to this preferred lifestyle within my 24-hours.

So, the Emergency department? Sure. Need to run here and there. Plus, the sudden CPRs? Bring it on.

I try hitting the gym daily after work on days that I am not on-call - it makes me feel healthy and active. It keeps my stamina in good shape.”

- Dr. Sarah Salim



So what did she do? She tried to keep **snacks and fruits close to her being**, but of course it doesn't quench the hunger. (Especially if she only takes fruits, she will get hungry within the hour, to which she chuckled when mentioning.)

We cannot help but also mention how she was trying to cut her coffee consumption, to which we give a salute for. Students can hardly function without caffeine in their veins as it is.

So how did she manage?

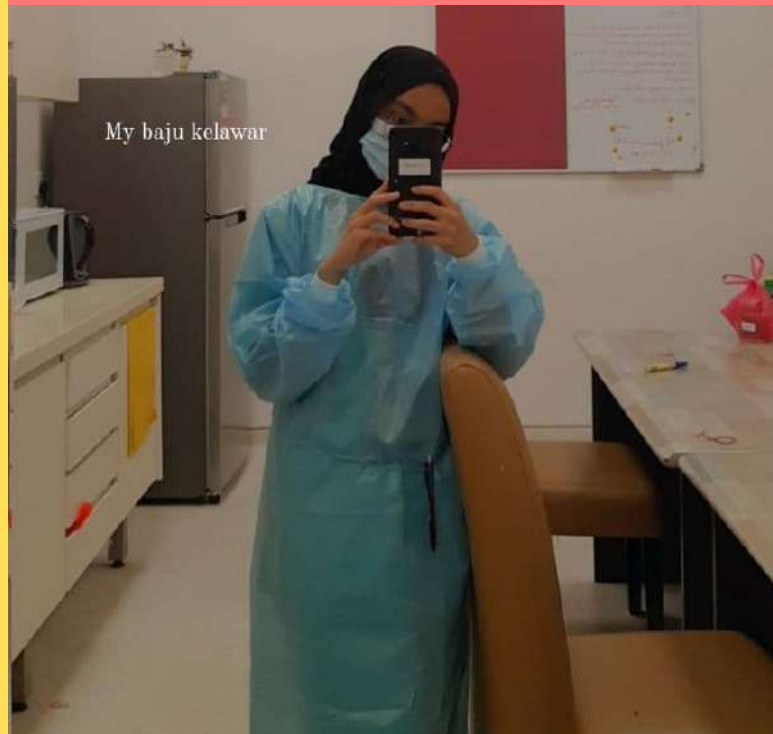
When it is possible, she will have a semi-healthy meal with carbs, proteins and veggies. Furthermore, snacks are removed and replaced with sandwiches or fruits.

(Sandwiches do seem more filling when you think about it.)

When it comes to their physical fitness, they both, again have the same consensus - **they try!**

On the other hand, Dr. Syahira admitted that she missed a lot of meals in the beginning.

Her dinner might even be the first meal of the day (after working her shift). Despite that, she heavily emphasised keeping hydrated and not missing meals as it would affect our work. (Well, no one can function without a bit of glucose in their circulation.)



(Well, trying is better than nothing. Trying could lead to succeeding!)

Both concur that when they do have the time, they go for a light session.

Dr. Sarah also reassured that when you get used to your schedule, you'd be able to allocate time for your hobbies and other activities and other activities! She often goes to the gym in her free time, among other activities she does to keep herself entertained and active!

Meanwhile, Dr Syahirah explained she was a very active student in school and university (think : marathon, cycling, badminton and netball! She probably brought some trophies home)



Yet, amid her houseman period - most days, she only wants to stay in bed. (Which is more than relatable, even for us inactive students). However, she does try one light session per day (preferably power-walking or cycling because running and jumping seem a bit much after a long day, and we can't help but nod away at this.)

Imagining how tired they could be after a day of work brings us to one of the more important questions on the back of all our minds -

WHAT IS THEIR SLEEP SCHEDULE LIKE?

Dr. Syahirah had a pretty direct answer when being given the question. She shared to us that if she happens to finish her shift early; then, more sleep for her, and if she finished late? Well, we get the clue.

Work will get overwhelming from time to time. Following that will always be sleep deprivation.

One of her scary experiences was when she fell into a microsleep as she was driving to work because of how sleep-deprived she was, luckily nothing happened!

Both of them agreed that the average amount of time they had to cave in for sleep would be about 5 hours. Frankly, it is not horrendous as it sounds.

SO HOW EXACTLY DO THEY COPE WITH THESE LIMITED AND UNPREDICTABLE SLEEPING SCHEDULES?

Dr. Sarah stated that human beings adapt very quickly, so after a week or two, she got into the routine of having 5 hours of sleep. Not to mention during post-call, she takes advantage to sleep more to compensate for any lack of sleep from prior.



As for Dr. Syahirah, she takes naps during her breaks rather than eating. She opts for rounds at the ward as much as possible to make her feel active and less sluggish.

(I suppose some of us might consider sacrificing eating during breaks for sleeping. Emphasize strongly on might.)

In other words, you cope and adapt to your schedule as much as you can. - Neocardia

On to a more serious note, *there is a significantly strong concern regarding our mental health, before embarking on the journey into being a doctor.*

Both Dr. Syahirah and Dr. Sarah spoke out about having good days along with the bad days in regards to their mental health. Despite having bad days, they seem to **stay positive by reminding themselves of their goals and try to work on improving themselves rather than sulk in sorrow.**

Dr. Sarah herself had some wise words to share after facing a very personal situation regarding her late father's passing, halfway through her fourth department as house officer.

I used to be close to my dad. He was one of the reasons why I am the positive person I am today. I guess I got it from him. He would always tell me to be positive and guide me through it

Some things are beyond human control, and my worst fear has come to reality. I lost my dad very suddenly during my surgical rotation. My pillar of strength and the one and only person who I would crave to speak to at the end of every single day had left without saying goodbye.

But then, I took it as a challenge to better myself. I take my patients much more seriously and treat every single one of them as if they were family to me.

To progress as an individual and as a doctor, to impact others in a positive manner and help as much as I can, to do no harm - it's what my dad would want me to do.

- Dr. Sarah Salim



HAVE THEY THOUGHT OF LEAVING?

Regardless of how bad their days could get, **Dr. Sarah** has never stumbled upon the thought of leaving her job as it brings joy to her and keeps her going.

On the contrary, **Dr. Syahirah** confesses how there were a number of times where she would jokingly say she wanted to quit, but on the same note, ***she never lets those words become anything more than just words.*** She describes how noble it is to help others and reduce their burdens as a career.

Regardless of the bad days, this is her passion.

Despite that, our two interviewees **couldn't have gone through the bad days without some help.**

Dr. Syahirah emphasized on how being alone whilst having problems is the worst. Her go-to people to vent would be her colleagues, friends - from a different field- and most importantly, her parents. She explains how by **talking it out and surrounding herself with positive people would make her more positive. In return, her positivity would then be put to use by helping other people.**

Similarly, **Dr. Sarah** also relied on her family and job a lot.

Nevertheless, she did not fail to mention that how an individual copes with things, their mental state; plus, what they tell themselves is very much an important thing to take note as well

it is a crucial effort to take control of the situation and not vice versa.

So, what are some words of advice they have for future house officers in terms of taking care of their well-being mentally?

"Talk it out," said Dr. Syahirah, sagely. She further elaborated that there is no use in bottling it up, but it is better to vent out to the people we trust. She also added how one should never give up but instead give yourself some time to improve.

No one is born the best.
The best are the ones
who never give up.

- Dr. Syahirah Elias



On the other side of the coin, Dr. Sarah ensured that by having a positive mindset, good spirit, and doing the job properly - everything will naturally set into its place.

(It is so calming when Dr. Sarah puts it that way, and hopefully, we could all have similar experiences to our Ladies!)

ON BEHALF OF MANY OF US WHO ARE CURRENTLY IN MED SCHOOL, HOW ARE EXAMINATIONS CONDUCTED DURING HOUSEMANSHIP?

Neocardia is here to share this little tid-bit!

Well for starters, different departments have a different style of examination.

According to **Dr. Syahirah**, in every department there are three types of exams : off-tag assessment, care based discussion (CBD) and a final exam. Although as mentioned, it differs according to the department! There might be additional exams for some departments.

In further detail,

1. Off- tag assessments

- Occurs at the end of the tagging period, which was previously explained.
- It also comes with a logbook that has to be signed by their specialist after completing :
 - i. All compulsory procedures
 - ii. Attend an amount of teachings(according to the department)

2. Case based discussion (CBD)

- Need techniques of bedside teaching.
- For instance, the house officer will present a case in and out then discuss with their boss.
- Questions like ‘why do you think this occurs to this patient?’ or ‘how to manage?’ or even ‘what investigation should take place?’ are all asked during the discussion.

3. Mini CEX (certain departments only)

- Refers to short cases.
- For example, they will give a case and then the house officer will have to do everything that they have learned during those 7 minutes exercises done in medical school.

Thus, after the houseman has ***passed the assessment for that department, complete the logbook, make sure the punch cards are up to date. Only then*** he or she will be ***given the green light*** to proceed to the next department.

Insider Information (for HKL departments!) from Dr. Syahirah’s past experience in HKL!

Paediatrics : 1 CBD, 1 off-tag, and 1 final exam.
O&G : 5 CBDs, 5 CEXs, 1 written exam, and 2 exams with specialists.

Orthopaedics : 3 CBDs, 3 CEXs, 1 Exam with Orthopaedic Physician and 1 Exam with Specialists.

Other things that could be considered regarding the marking scheme :

Performance matters, always.

- If a HO works with the same MO, the boss could pass them in the off-tag assessment, provided they have been doing really well.
- Failing to perform well = HO have to put extra work into other assessments to make up for it.

Of course like any regular examination, studying for these assessments are just as crucial. Taking note of the important topics, emergencies and the very common cases.

Although, I bet many of us are wondering -

HOW CAN ONE MANAGE TO STUDY AND WORK LONG HOURS SIMULTANEOUSLY?

As mentioned before, **Dr. Syahirah** already has a routine of **recapping 2 to 3 topics before bed**. (*Something we should all practice!*)

In contrast, **Dr. Sarah** learns from patients and cases as she encounters them! She further elaborated, *“If I see a new type of medication and I don’t know what it is for, then I would google it right away.”*

With this, the next time she stumbles upon it, she would be up to date. (Proactive learning!)

“It’s important to make full use of your working hours so that you actually benefit from it.”

-Dr. Sarah Salim



Besides having to deal with examinations, work-life, and bad days, we took the opportunity to ask the interviewees whether they still had time for their social life, and more ‘jabbingly’ we enquired -

IS THEIR SOCIAL LIFE IS STILL IN EXISTENCE?

“I wouldn’t say that it is gone, more like... it is reduced! With the pandemic, it is safe to say that all our social lives are simultaneously reduced to a certain degree,” Dr. Syahirah chuckled, as she weighed in on the question.

She did, however, mention – minus the pandemic, she would go out almost every weekend doing fun activities such as window shopping and going to the cinemas. Even with the pandemic, she still makes time to catch up with her friends at least once a month.

Message from Our Peers

Dr. Sarah had the same to say regarding her social life. She reassured how her job does not restrict her from having a social life and how she has just enough time to spend it with her family, catch up with friends or splurge on taking care of herself physically. ***She adds that the time management during medical school and housemanship are more or less the same.***

This brings us to another challenge concerning time management which is indeed the infamous on-call experience.

HOW WOULD OUR INTERVIEWEES DESCRIBE THE ON-CALL EXPERIENCE?

Dr. Sarah says that she was in luck, as house officers have a **flexi-shift system** which only reprimands them for being on-call from 8pm to 9am the next day. On certain occasions, the house officer does get to rest but the important thing is to never leave the station they are assigned to.

Whereas, **Dr. Syahirah** mentions how being on-call is not something to look forward to but definitely something that has to be experienced.

“The technicalities of working on-call is that in a week there will be **one off-day, one or two on-call days and then post-call days** – if a person works from **7pm to 7am, after 7am the person will have a break** until the next day, beginning again at 7pm,” **Dr. Syahirah** further explained.

Even more so, both interviewee's did not hold back when it came to sharing some of their very own craziest yet memorable on-call experience.

Dr. Sarah had this to say about her own unforgettable incident :

"I have had many priceless experiences during my housemanship. One of which - I encountered during my very first on-call during my first rotation, Internal Medicine. (Fresh out of my tagging period, too!)

I still remembered that it was a rainy evening in ward 25/HDW. As soon as my colleagues had left (after passing over), I heard a nurse scream in panic.

"Dr. Sarah! Dr. Sarah!

Datang tengok patient ni sekarang. Pulseless!"

Little did I know, she was only pulling my leg! And you'll know why soon.

And so I ran to assess the patient to do the needful. It was nerve-wracking.

First on call, first poster, a pulseless patient, I was the only doctor around, nurses staring at you for a plan.

So I had done a quick initial assessment and confirmed that the patient showed no sign of life - he had silently collapsed in his bed.

As much as I wished I had a senior to guide me, I recalled that this specific patient and his family members had opted for Death In Line- Do Not Resuscitate (DILNAR) - a phrase I only heard on my 3rd week as a House officer. The patient was terminally ill with a very poor prognosis. Thus, you only have to make sure that the patients pass in comfort and you can't resuscitate the patient.

As soon as I was about to initiate CPR and resuscitation, I had remembered from the evening Passover that this patient was issued a DIL NAR. The memory of this patient's details had finally set properly into my mind amid all that panic.

So after hearing that, I sighed in relief and requested an ECG to confirm his passing, then he was pronounced dead.

I then called to inform my medical officer before breaking the news to the family about the patient's passing.

That was crazy for me -suddenly going into work and feeling a pulseless patient. Thank God the nurses were there. ***It was a scary first experience!"***

Dr. Syahirah on the other hand had her own hectic cascade going on :

There was this one time where I had to manage a chronic ward. Plus, another four other postnatal wards during my OBGYN posting.
All of this by myself.

(They were understaffed as there were supposed to be 60 housemen, but only half the necessary number were with us that night!)

Then, in the middle of the night, a nurse called and asked me to look at another ward, exclaiming that the patients were in distress. Thus, making it six wards in total.

I had like 30 blood samples to take. So, when I had so many things to do, I immediately called over for help - my friend and colleague.

Together we did all the tasks in that one single night.

At the same time, I also had to run over to the other ward to check on the patients, whether they are stable or not, and report back to my MO because some MOs do not have time to check on the patients; so, you will have to do it.

They will have to rely on you.

So yes, it was exhausting and crazy running around the wards to keep up with the tasks. On that day, I got off at around 9 pm when I should have gotten off at 7 pm but there was a lot of work that needed to be done on that on-call night.

My on-call review then becomes an A.M review because usually, you would do an on-call review immediately. However, in my second posting, I did the reviews at around 3 am, most of the time.

HOW MANY OFF-DAYS DOES A HOUSE OFFICER HAVE?

As a house officer, they usually **have off-days once every week, roughly four times a month.** House office have eight leave days. It could be requested for being sick or for emergencies as leave days only apply for the whole posting and cannot be requested back-to-back.

It seems to be a presumptuous yet controversial topic when we bring up **PRETTY PRIVILEGE.**

Generally, pretty privilege can occasionally occur in workplace settings, competitions or even in public settings like restaurants or during public service. **Nevertheless, we seldom hear of the pretty privilege happening in the hospital - so is it an occurrence?**

Dr. Syahirah and Dr. Sarah both agreed that they have never personally seen it or experienced it first-hand. On the same note, Dr. Syahirah did explain how exerting confidence does have more of an impact on gaining a patient or medical officer's reliability towards you rather than how you look. **That being said, coming to work looking like you just rolled out of bed is definitely out of the question.**

Reaching into the lighter part of the interview, we were glad to have had some casual talk with our interviewee's specifically in regards to **their love life and general admirations.**

Lucky for us, both ladies had different perspectives when talking about their relationships.





“A balance is essential. Your social life is as important as your career. I certainly have achieved a balance. I also believe having the best of both is one of the reasons why I very much enjoy working! So, if you feel like you want to get into a relationship that you believe will go great - I would only advise you to manage your time wisely! Go on and get to know the person. Enjoy every aspect of life.”

- Dr. Sarah Salim

When asked if it was possible to pursue a current relationship during the housemanship period, Dr. Syahirah casually said it was. She further states how pursuing a relationship with colleagues or someone outside your field is **totally up to one's preference. Her advice is to maintain balance!** (For anyone looking to be in a relationship despite being a house officer or a medical officer.)

Both things require responsibility and commitment. Consequently, both will need the same amount of attention. In a relationship, both parties have to achieve a compromise to ensure it works. **She jokingly added that one of the advantages of having a significant other is to vent about your issues with them, which is a total plus!**

Similarly, **Dr. Sarah** was not in any official relationship; however, she is getting to know someone - who was introduced to her by her mother.

What did she have to say about pursuing a relationship during the housemanship period? She also did not have anything against it **as long as the relationship does not interfere with the job.**

As for dating a colleague, Dr. Sarah mentions that **the relationship should not commence during office hours to keep things formal and professional.** (Professionalism at work is a must! We agree.)

About their admiration, **both Dr. Sarah and Dr. Syahirah** had typically similar responses. **Dr. Syahirah** admitted admiring a few medical officers from her first and second posting. ***She admired them for their calm composure during stressful situations, treating her respectfully like a mutual instead of an inferior. They were understanding, almost treating her as if they were colleagues.***

(And this is how you get someone to admire you, people. By being the best person possible.)

Dr. Sarah personally had similar reasons for her admiration towards a few people from her housemanship days. ***She said that many of whom she looked up to had good work ethics, principles, knowledge, personality, etc. They deeply inspired her.*** Hence, the admiration.

Since this article is about to come close to its end. Hopefully, this is a little something that could summarize what has been said from A to Z. A sharing of some useful and mindful tips from both interviewees to the future house officers. (Especially our future female junior doctors!)

So what advice does these two brilliant ladies have in store for us?

First and foremost, **always take care of yourself mentally and emotionally.** Keep in mind that women are biologically more sensitive than men and might take to heart when being scolded or given a yell. Do not overthink, just take the yelling and go. ***Remember that every day is a learning process. We must make room for ourselves to improve for the better.***

In addition to that, **never be afraid to ask questions,** even when you might be wrong. **Mistakes are a part of learning.**

What doesn't kill us, makes us stronger - so don't hold back from asking for help when you're feeling clueless.

"Remember it is not a sprint but a marathon," reminded Dr. Syahirah.

On the other hand, **Dr. Sarah** reminds us to **always know our rights.**

What it means is that if you feel something is not right, then it should be addressed, ***keep evidence of any inappropriacy done towards you!***

Be strong and know when to stand up for yourself enough to take proper action depending on the situation. **Putting your all into your work and having goals beyond completing your housemanship** - Dr. Sarah's advice to all the future house officers out there.

In the reality of being a house officer, both **Dr. Syahirah and Dr. Sarah** explained how **you have to put your best foot forward and to keep progressing forward.**



When discussing the daily insight of what it is like as a house officer, Dr. Sarah explains how it all depends on your current department. It will determine your schedule and whatnot.

Examples of work :

- Morning reviews for all patients in the ward.
- Repeat investigations according to indications.
- Having the list of patients and their operations.
- Making sure the patients are called to the OT on time and prepped.

And more!

Every department has its type of experience and workload but the important thing is **to always be prepared regardless - “It is never too hectic to a point which you cannot manage, it is always within the manageable range.”**

Dr. Syahirah tells us it's not always rainbows and sunshine. Nevertheless, it can be very tiresome, but at the end of the day, it's worth it.

Get enough rest and remind yourself that it is okay to make mistakes. Learn from the mistake and improve the next day. Repeat.

-Dr. Syahirah Elias

Lastly, be the best version of yourself.

LAST QUESTION : HOW DOES ONE DEAL WITH DIFFICULT SUPERIORS?

(We saved the best for last, if you can't tell!)

Although getting the approval of your superiors or being somewhat liked by them sounds fantastic, it is not necessary.

“I haven't experienced this - dealing with a difficult superior, but if you do - you only have to *do your job right because, at the end of the day, your career is your priority. Never the superior's impression towards you. After all, there will be another posting to do and other medical officers/ superiors to meet,*” Dr. Syahirah logically explained.

Needless to say, it doesn't **excuse you from not giving 100% to your job.** The most compulsory action is to do your job correctly and face the consequences if you purposely fail to do so.

It's also vital for one to remember **to differentiate whether or not the task given is your intended job scope or someone might be trying to take advantage of you. (Example: mailing personal letters.)**

Always stand up for yourself and be defensive when you need to. If the situation gets out of hand, don't be afraid to notify the higher superiors and take action - **“Be very polite but also be clear with your ways and your principles.”**

(Example, you can refuse by saying - I am sorry. I do not think I have the time for this task.)

Conclusion

We've heard A LOT of insight into what it looks like being a house officer - from hectic schedules to personal matters, hygiene, mental health, etc. Frankly, after reading this, I hope many of our readers would feel more prepared and lose the stigma of how scary and draining housemanship life would be.

Housemanship is both a blessing and a challenge; so, any of our future house officers-to-be must get themselves in check and prepare physically, mentally, and emotionally. Furthermore, we would like to take the time to thank both our interviewee's Dr. Sarah and Dr. Syahirah, for sharing with us the tribes and tribulations of being a house officer and sparing us of any information, tips, and tricks given.

Currently, Dr. Sarah is working as a Medical Officer at PD Hospital, while Dr. Syahirah is still undergoing her housemanship at HKL. We wish them the best in their endeavor.

SPORTS & SONATAS

Alyssa Nadia

Article By : Raudhaʼul Syafiqah Binti Kamarul Rashdan
Interviewed By : Marsya



Housing academic whizzes, ardent artists and competent athletes, our faculty is no stranger to talented students. It brings us even more pride knowing that we have students who excel in multiple aspects. An exceptional example is Year 5 student Alyssa Nadia. Both an amazing futsal player and virtuoso, Neocardia truly hit the all-rounder jackpot after managing to get hold of this Jill of all trades. It is an understatement to say that there is much to admire about this gifted young woman.

A SUPERB SPORTSWOMAN

So we've heard that you're a passionate futsal player! When did you first start playing, and what got you into futsal in the first place?

It all started when I was a little girl. I'm from a private high school – Kolej Yayasan Saad. I started playing in primary, and got involved in all sorts of sports offered at my school. As a kid, that was the best way to get out of class. Later on, I'd end up discovering my love for the outdoors and my talent for sports. Futsal has been one of my favourite sports ever since!




How were your experiences coaching your team?

“Captain” is just what you see on paper. In reality, handling the team was a breeze as my teammates were also my backbone. Aqilah, Afdhaliah, Dila and Syazwina – I call us The Five as we have been together since the very beginning of our journey, way back in Year 1. So this team would not have been what it is today if it weren't for every one of them.

FUN FACT

While she is an avid lover of futsal, it is not actually Alyssa's favourite sport! She describes futsal as a sport that currently stands out in campus. However, her favourite sport would still be touch rugby.



What is your routine before every match?

I always make sure that we go for a prayer before giving my team a small pep talk. I think this is important as I want to ensure that everyone in my team is aware that whatever happens is due to His will. Whatever the outcome, we can all be satisfied knowing we've done our best, and I could not be more proud of the team.

What are the most important values you've learned throughout your experiences as a futsal player?

A crucial value that I picked up as a player is that you always need to be supportive. There will be days where one of us just can't perform up to par, whether in practice or on the day of the match itself. I've found that being supportive changes the whole outcome of the situation. Some days, you want people to be supportive, and some days, you need to be the supporter. What comes around goes around.



We've heard that you've managed to secure your fair share of gold medals and wins! Which of your strengths do you believe have contributed to your success?

I think my strength would be my competitiveness. When I want something, I will make sure that I go all out for it. Even if it means getting an injured ankle, which was what happened last year. I'll push myself to go over a match for hours on end to get to a level that I deem satisfactory. My sprained ankle didn't stop me from training or coaching my team, and it definitely didn't stop me from playing!



What is the most memorable experience that futsal has brought to you?

Every competition begets its own memorable experience. That latest one I can remember would be during last year's MIVG, where my team was blessed with the best support system we've ever had. We were a newly established team at the time, so we were lacking in support. But we got lucky, as we were blessed with two wonderful supervisors from our very own orthopaedic department, namely Mr Fairuz Suhaimi and Ms Saidatul. Despite their busy schedules, they always made time for our matches. If they could not be there in person, then they were there in spirit.

What do you believe to be one of your weaknesses and what are you doing to improve it?

I'm a very emotional person, so I tend to beat myself up and blame myself for not doing enough for the team whenever we lose a match. To counter these negative feelings, I'll pray, get some pep talk, and comfort myself with the fact that whatever happens is due to His will. Praying helps me build a sense of gratefulness and patience when something befalls me.



A MUSICAL MAESTRO

Who or what inspired you to take up music as a passion?

My parents are my main inspiration. My parents were very open with my likes and dislikes, so they were always ready to enrol me in classes that I showed interest in. I started taking music classes at the age of 5 or 6. I didn't enjoy them at first, but I slowly developed a love for music over time. I stopped going to these classes right before entering high school as my future music classes were all in high school.

Out of all the instruments you could have chosen, why violin, guitar and piano specifically?

Initially, my parents just wanted to send me to any music class irrespective of the instrument, so they enrolled me in organ music classes. I didn't like playing the organ though, so I changed to violin, piano and guitar classes instead. I got to play in the orchestra during high school, which gave me the chance to try out other instruments like the saxophone, trumpet and cello. However, the violin, guitar and piano were the most accessible instruments at the time, so they weren't instruments that I chose specifically. Right now, what I play best is either the piano or violin, but my favourite instrument would be the saxophone.



What instrument did you play in the orchestra?

In high school, I played the violin and was the concertmaster.

What music grade have you reached so far?

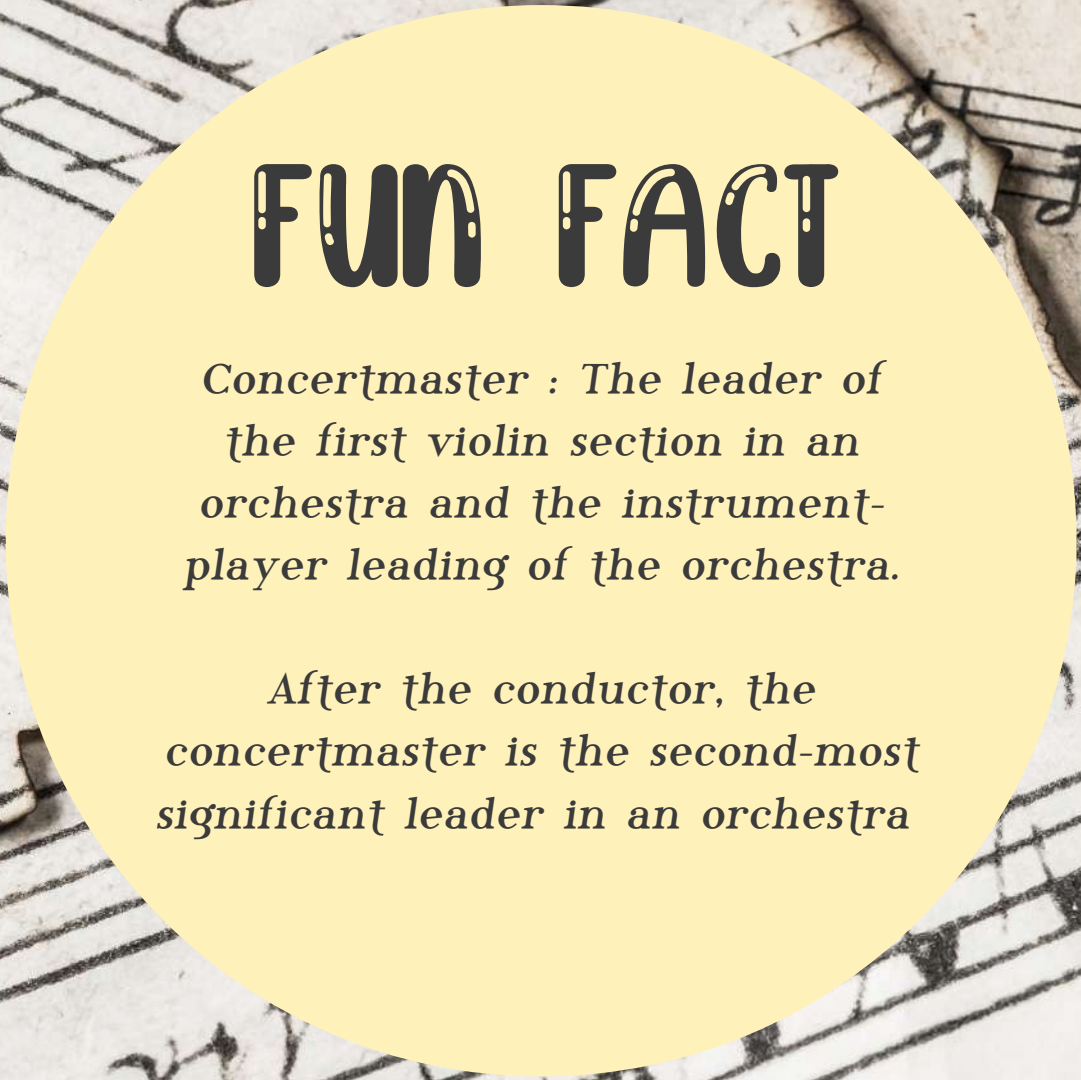
I have only taken the ABRSM music examination for violin. I attained Grade 6 at the age of 17.



FUN FACT

ABRSM (Associated Board of the Royal Schools of Music) : An examination board registered charity based in London, England, which provides examinations in music at centres around the world.

**There are 8 different grades in violin, or 9 if you include the Initial Grade.*



FUN FACT

Concertmaster : The leader of the first violin section in an orchestra and the instrument-player leading of the orchestra.

After the conductor, the concertmaster is the second-most significant leader in an orchestra

What is it about music that makes you feel passionate?

Music takes me to a whole other dimension, one where I feel safe and am allowed to express my emotions freely without being judged. It's just me and the instrument I'm playing.

What song do you love playing the most? And what genre of music do you most enjoy?

I usually play pop and R&B songs. But my go-to piano song would be the Ballade Pour Adeline by Richard Clayderman.

Is there any place that you've always wanted to play at, but never got the opportunity to do so?

I've always wanted to play at the Dewan Philharmonic of Petronas at KLCC. But the closest I ever got to achieving this dream was during the time I played at the KL Performing Arts Centre back in 2014.

You've posted several amazing instrumental covers on your Instagram account. Which begs the question, have you ever performed in real life?

I've performed in my high school's orchestra. For now though, I only perform for certain bands and weddings if I get any request. I'm currently playing for the UiTM medical band.

FUN FACT

The UiTM medical band competes for WIRASA. They usually practice in the ping-pong room next to RC1's gym. The band currently consist of a guitarist, violinist, keyboardist and two lead singers.



What thoughts and emotions go through your head during your performances?

Scared, anxious, nervous – the common feelings. I can never get over the pre-performance anxiety, but once I start playing, all the butterflies in my stomach just...go away. I get lost in the music and forget about everything.

Do you consider yourself a natural talent or do you have to practice to be good at it?

I have the ability to 'play by ear'. So when I listen to a song, I can instantly play it despite not knowing the actual notes. I know how to read notes, but I'm not that good at it. So when I was younger, my teacher would play something first before asking me to play the same thing. Since I was too lazy to read the notes, I played what she played by ear.

Any helpful tips for those who wish to start getting into music?

If you want to start learning an instrument, then go ahead! Even if you feel inferior compared to others or that it's too late. Just do it, and start now because you have to start somewhere. You can't become good at something overnight. It takes a lot of practice and patience. So, to me, hard work beats talent.

AND ONE GIFTED GAL

How do you feel about being so multi-talented?

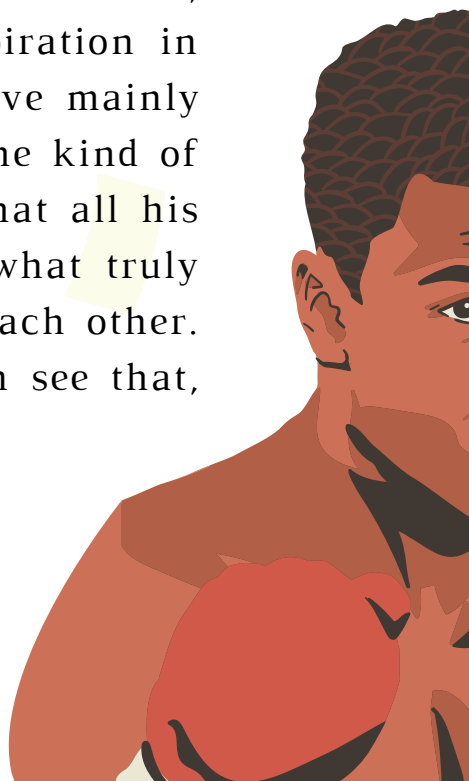
I honestly wouldn't call myself multi-talented. I know a few people who do a ton of stuff, going around here and there. I just try to get involved in as many activities as I can.

Have your talents ever brought you any difficulties?

One of the difficulties is that people expect you to be something they want, and I'm not great at meeting other people's expectations because it carries a big burden. As I said, I tend to get emotional and blame myself when I can't meet their expectations.

In terms of both sports and music, who do you look up to the most and why?

I don't have a specific idol for music. For sports, however, my idol would be Muhammad Ali. He's my inspiration in general, not just as a sports person. He might have mainly been known as a sports figure, but to me, he's the kind of person that I want to be in life. He once said that all his wins, medals and wealth are all from God, so what truly matters in this world is how we treat and help each other. And if one of the greatest people of all time can see that, then I guess we should be able to see that too.



Did you, at any point in your life, consider taking up futsal or music as a professional career?

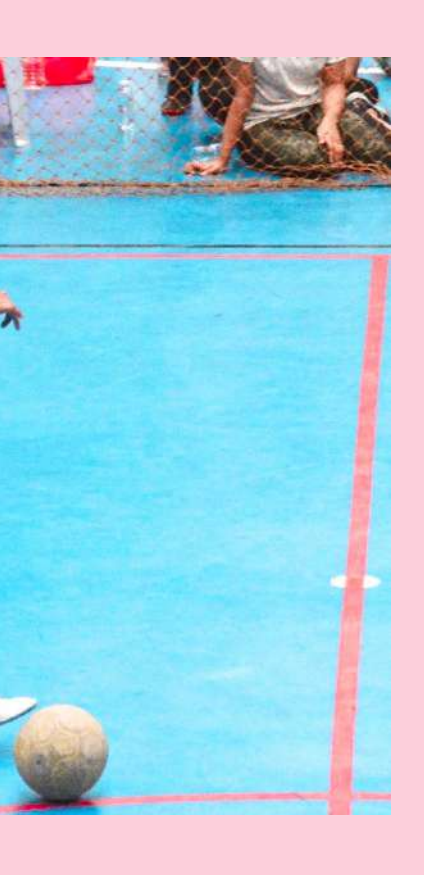
As a matter of fact, I did. I wanted to become a Malaysian athlete when I was in school. I wanted to follow the footsteps of my grand-aunt, who holds the record for the SEA games heptathlon for Malaysia to this day. Also, back in school, we had proper coaches who were actual athletes. We were trained like athletes, so I guess that's why I wanted to become an athlete at one point. Things took a turn, however, which is how I ended up in medical school.

So why the drastic change of thought from becoming an athlete to becoming a doctor?

Before I applied for high school, I wanted to apply for a sports school and got accepted! My parents, however, told me that life isn't just about one thing, and that you should try excelling in as many things as you can. So that's why I ended up choosing my high school, which was where I built up a lot of my personality in several aspects. My talent in sports and music is something that I owe to my high school.

Are all these talents of yours important to you? And if so, why?

They're important to me in the sense that I view them as a gift from Him. Being blessed with such gifts comes with great responsibility. They're not something for me to enjoy and benefit from alone, but something that should also benefit the people around me.





What inspiring advice would you like to share with our readers?

As cliché as this may sound, my life motto will always be :
Life is a journey. You'll only cross the finishing line when you stop breathing. So until that happens, never stop trying to better yourself each day. If you're tired, take a rest. But once you're done resting, get back up and work hard for what you want.



FUN FACT

As if she was not talented enough, Alyssa is also exceptional in the arts! She loves drawing and painting, and frequently doodles anatomical parts such as muscles and bones in her notes.



NEOCARDIA WOULD LIKE
TO GIVE OUR SINCEREST
THANKS TO ALYSSA FOR
ALLOWING US THE
PLEASURE OF HAVING
SUCH A PROFOUND
INTERVIEW WITH HER.



Nadhirah

One of Invictus' Angels

Article by: Siti Az Zahra

Invictus; *unconquerable or undefeated*, a Latin word used as the title of the poem written by the infamous William Ernest Henley back in 1875.

The poem *Invictus* depicts the message of **never losing hope regardless of the situation and being the person in charge of determining your future path.**

Invictus is also what comes to mind when describing Nadhirah, someone who is very much known for her exemplary character as a student and more generally, a person, as well as her thriving will to turn the bad things into something good.

An angel on earth, 23-year-old Nor Nadhirah was born and raised in Kuala Lumpur along with her three younger siblings.

Raised in a family with no career background in the science field, Nadhirah is fully ambitious on being the first Doctor in her large family and making them proud.

Needless to say, it was not an easy start for her in terms of chasing her dreams of becoming a doctor.

Growing up an introvert, Nadhirah slowly worked her way up whilst trying to work on her communication skills. She believed that for one to become a doctor, he or she must be approachable so that patients will feel more comfortable when speaking about their symptoms or diseases.

On top of that, she also had to go through some hardships when dealing with certain people.

Back when she was studying in boarding school, there were times where she had been treated unfairly by the people there.

Instead of taking the matter into her own hands in a revengeful or spiteful way, she vowed to take that as a lesson to not treat other people the same way she has been treated.

This sense of integrity has been said to contribute to her character today.



Nadhirah however does have people to thank for the bits and pieces of her angelic, hard-working personality. Just like many of us, her friends and family have been her numero uno from the start.

She mentions that because she is an introvert, she likes to surround herself with people who are bold so that she can learn their ways. ***In addition to that, there are so many other people whom she too admires and who motivates her if not inspire her to be a better version of herself.***



Not to mention how the doctors who have taught her - who she says might be strict but are very sincere and passionate when it comes to teaching the students- have instilled good values into her as well. *Nevertheless, she did not forget to bring up how thankful she was to the cleaners and librarians who have been very accommodating towards her as a student.*

In the face of being as positive and cheerful as she is, she confesses that she too experiences bad days from time to time. On the contrary, this does not give her an excuse to lash out at other people or to make a bad scene of herself. She constantly opts for taking the higher road and being the bigger person in these types of situations. On the other hand, there are a few life quotes which she holds onto dearly when life gets tough, one of them being **“Sometimes when you open up to people, you let the bad in with the good”**, which was quoted from the movie “She’s All That”. This quote made her realize that when making friends, you cannot only expect to be treated good but must also accept the bad parts that come with it. Another quote that became her very own life principle is that **“If someone on Earth eases the business of someone else, God will relieve one’s distress in the afterlife”**, which is very much applicable to her as a medical student-to-be-doctor in the foreseeable future especially when giving back to society.

Moreover, she also mentioned how she believes that **“Tough roads lead to beautiful destinations”** as she has been through the “tough road” herself and how it has paid off.



Speaking about life quotes, Nadhirah is also known to give talks to juniors, as well as known to be one of the debaters in her batch.

Her flair of speaking and gentle persona has enabled her to do both ever so effortlessly.

Despite being an introvert, her competitive spirit overweighs the timid trait of hers and has given her the initiative to overcome stage fright – a natural phenomenon for anybody - when public speaking or debating.

Some of her tips & tricks would include :

- *To be knowledgeable before delivering a speech*
- *Reading a lot enhances vocabulary - giving them the confidence to talk well*
- *Being spontaneous works to tone down anxiousness*
- *Language proficiency & fluency can come from practising daily*
- *Receiving feedback/validation from peers or lecturers regarding any presentation given.*

On that note, Nadhirah also practices the right breathing techniques to overcome stressful situations.

Besides participating in debates and giving talks, Nadhirah has represented UiTM in Quizzes and Competitions several times. Her justification to participate would simply be because she gets motivated by the people who believe in her.

Nadhirah states that she is never afraid to put herself out there or to say no to competitions because of the people who approach her to participate in quizzes and competitions in the first place.

She feels respected and in awe of the thought of other people thinking that she was capable enough to join competitions to represent the university and it made her believe in herself that she can and should take part to make them proud.

Nadhirah's many achievements

Academic

- ***3rd place for Intervarsity Medical Quiz Challenge 4.0 UKM (20/4/19)***
- ***Participation in The 8th Intervarsity Medical Olympiad, UiTM (13/4/2019)***
- ***Semi-finalist for Intervarsity Modern Language Olympiad, UiTM (2019)***

Others

- ***Interbatch Debate 2018 participation, UiTM***
- ***Interbatch Debate 2019 2nd place, UiTM***
- ***Sports Anthem 2019 Traditional Games: Tarik Tali 2nd place***
- ***MIVG 2018 (1500m & 4x400m)***
- ***MIVG 2019 (4x400m)***
- ***Consolation prize for "Library Run For Your Mind" run (2018)***

Events handled

- ***Fikir Transplant Run 2019 Committee***
- ***WIRASA 2017 Modern Dance Committee***
- ***PEERs Open Day 2018, UiTM***
- ***PEERs Open Day 2.0 2019, UiTM***
- ***Secretary for PEERs Counselling Club UiTM 2018/2019 session***

Not only does Nadhirah give her all in competitions and quizzes, but she actively participates in classes as well.

The reason for her being so motivated is no other than a **proper daily schedule**.

First and foremost, Nadhirah makes sure to get a **good night's rest** by sleeping early and waking up early.

According to her, this ensures that her circadian rhythm is stable and normalized so that she has just enough energy to run through the day.

She **keeps her schedule pretty packed and thoroughly planned out**.

In the morning to afternoon, she occupies herself with studying so that by the time evening comes, she gets to squeeze in a quick exercise session and at night she gets to wind down and do work that does not involve academics.

Some of the other ways of how she managed to participate so actively in class and excel in her academics is by **studying smart, answering her lecturers** during lectures or tutorial sessions, **making her simple notes** from textbooks and **sharing notes with her friends**.



Observing the many things that Nadhirah has accomplished from active roles in associations and extracurricular activities to being a medical student, ***one might wonder how she juggles all of this and what her main priorities in life are.***

Her answer to that is simple, her priorities as of now would be to graduate and to become a doctor.

Nevertheless, she still strives to ace as a student both academically and non-academically.

Keep in mind that Nadhirah, like any other human being, has hobbies to do when she is not all coped up with studies and extracurricular activities too.

A few to mention include jogging, reading, drawing and photography. Regarding drawing and photography, she says that these two hobbies act as stress-reliever and a way for her to express her emotions healthily



On a more serious note, every person will or have at least experienced a low point in their life as it is, inevitable.

Nadhirah shares that she went through one of the lowest points in her life when she was in medical school. On top of everything, she still managed to rise above the occasion and stay positive. This proves how every cloud certainly has a silver lining. She didn't fail to mention how the highest point in her life was also when she was in medical school as it made her one step closer to achieving her dream.

Nadhirah has a very positive outlook on life, especially her future.

Nadhirah had this to say when asking her about what success looks like in her point of view...

“

I look at success as something that I have gained for myself.

If the outcome of the achievement makes me embrace that achievement, for example, public speaking, I look at it as a huge success because I used to be an introvert.

This achievement has shaped me into the person that I am today, outspoken and open-minded.

The steps that I am taking to achieve my goals are by studying diligently because it is not easy to become a clinical lecturer.

Reminding myself that every day has motivated me to keep working towards my goal and block out procrastinations.

”

She also mentions how **she does not believe in the word failure** and how she perceives the world differently.

Nadhirah believes that the word should be replaced with **“the root of success”** as she mentioned that many successful



people such as Mark Zuckerberg and Jack Ma have surpassed success by “failing” in the start. Hence, leading them to their very prosperity. **She has said that she has never experienced failure, rather that she is a work in progress where if she does “fail”, it only means that it is simply a lesson for her to learn and analyse to better improve herself.**

Notably, Nadhirah ended the interview on an optimistic yet realistic note when asked how she sees herself in 10 years. She discusses how she plans on being a specialist by then and hopefully a clinical lecturer after that.

Nadhirah also brought up how as a family-oriented person, she intends on having a family of her own, with a partner who will support her goals and ambitions and vice versa. She added that if that fails to happen, she will not mind it at all as she will still have her original family whom she very much treasures a lot.

On that note, it's been such an honor gaining a perspective into Nadhirah's life and getting to know her for the person that she is, and for that, we would like to give an enormous thank you to her for being apart of this magazine's issue and wish her the best in life and to any of her future endeavors!

